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ABSTRACT

Reviewed are administrative guidelines for planning and implementing adapted physical education programs for handicapped persons. An overview section considers the rationale, student participation and goals of adapted physical education. Administrative guidelines are discussed for organizational patterns; personnel, facilities, equipment, and supplies; student classification; and referral, evaluation, and records. Almost half of the document is comprised of sample forms, including referral forms, daily program records, parent letters, personnel data forms, and exercise forms. (CL)

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ADAPTED PHYSICAL EDUCATION GUIDELINES

Theory and Practice for the Seventies and Eighties

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FOREWORD

Physical educators have become increasingly aware of their responsibilities and important roles in education, training, recreation, habilitation, and rehabilitation programs for impaired, disabled, and handicapped persons. Much of current emphasis on physical education and recreation programs for impaired, disabled, and handicapped individuals has been stimulated through efforts to meet special needs of mentally retarded, learning disabled, and mildly involved children during the nineteen sixties and early nineteen seventies. While attention and publicity given physical education and recreation programs for these populations have had positive and beneficial results, some unnecessary splintering, undesirable fragmentation, and unwarranted proliferation from comprehensive, broad based physical education programs have been observed. Some programs have concentrated on differences rather than similarities among various populations; others have focused on disabilities, not abilities. New and sometimes confusing terminology has been introduced; over and too early specialization in professional preparation has been advocated; indiscriminate and unwarranted separation—and integration—have been practiced. Many professionals, paraprofessionals, volunteers, and parents have been unable to see the forest for the trees! Several basic questions arise—

- If impaired, disabled, and handicapped youngsters are in fact more like their non-involved peers than they are different, should similarities rather than differences be reflected in programs and activities, including physical education, recreation, and sports?

- How are current physical education and recreation programs for individuals with various impairments and disabilities similar to—or different from—adapted physical education and therapeutic programs?

- In what ways should physical education and recreation programs for individuals with various impairments and disabilities be a part of—or apart from—adapted physical education and therapeutic recreation programs. Regular physical education programs? Community recreation programs?

- In what ways are processes involved in adapted physical education and therapeutic recreation alike? How are they similar to and different from those found in regular physical education and community recreation programs?

When the American Association (now Alliance) for Health, Physical Education and Recreation created a permanent Unit on Programs for the Handicapped in 1968, need to consider these questions became of paramount importance. Recent legislation and litigation make it incumbent upon the profession to get with it, put it all together, and come up with at least consensus on many of these same questions that today have little if any unified agreement. Correspondence and other contacts with personnel in the field continue to reflect concern over lack of opportunities for impaired, disabled, and

handicapped persons in physical education and recreation programs. Yet other personnel continue to send information and materials about innovative, creative, and ongoing physical education and recreation programs for special education students; helpful hints, promising practices, and exciting and productive experiences are willingly shared. Personnel at all levels—service, supervisory, administrative, training—continue to request assistance—materials, information, services, and ideas; they are anxious to introduce programs where none exist and to expand and enrich existing efforts. Despite concerted survey efforts by Physical Education and Recreation for the Handicapped: Information and Research Utilization Center (IRUC) and the Bureau of Education for the Handicapped through personnel preparation programs in physical education and recreation for special populations, the real status and actual needs in terms of programs in and personnel for these areas are not accurately defined and definitively known. Generalizations abound; opinions prevail; but accurate figures about numbers of impaired, disabled, and handicapped children, youth, adolescents, and adults actually taking part in regular or special physical education, recreation, and sports programs are lacking and not currently available. It is difficult to obtain exact figures of this type because of different interpretations of adapted physical education, various criteria for participants, and impaired, disabled, and handicapped individuals taking part unclassified in regular programs.

Unfortunately too little communication and coordinated activity are in evidence between physical education and special education personnel. As a result some outstanding programs are sponsored by special education divisions or departments without involvement of parallel divisions or departments in physical education. In fact, some states require only certification in special education to work with these students in physical education. These practices have been devisive in many ways as large numbers of professionals in both physical education and special education equate these new programs and efforts as being different from adapted physical education. This is unfortunate as students in need of these services are caught in the middle and lose out because some individuals and groups are unable to cast aside their provincialisms, empires, and petty ego defenses to interact meaningfully to build relevant individualized programs for each student. Influence and effects of recently enacted federal legislation (Public Law 94-142, Education of All Handicapped Children Act) on these matters need to be closely monitored by physical educators.

Despite new materials, increased activity and service, a practical and functional publication in adapted physical education is needed to answer questions and meet demands of personnel in the field. These Adapted Physical Education Guidelines are another step in meeting needs and demands of personnel in the field who are interested and involved in adapted physical education.

Special thanks and appreciation are extended to Claudine Sherrill, Texas Woman's University, Denton; Michael E. Flanagan, Assistant Director, Bureau of General and Academic Education, Pennsylvania Department of Public Instruction, Harrisburg; Wally Gart, Past-Chairman, AAHPER Adapted Physical Education Section, and Instructor, New Trier High School, West Northfield, Illinois; Orrin Marx, Supervisor, Physical Education Department, University Hospital School, University of Iowa, Iowa City; Robert Holland, Chairman, AAHPER Task Force on Programs for the Handicapped and Consultant, Physical Education, Recreation, and Safety Division of Elementary and Secondary Education, Ohio Department of Education, Columbus; and Wanda Burnette Born, Administrative Program Coordinator, AAHPER Programs for the Handicapped and IRUC, whose critical reviews of the manuscript have contributed much to the finished publication. Additional gratitude is extended to Royden P. Grove, Indiana State

University of Pennsylvania, who provided information and materials about the elementary adapted physical education program he developed in the Indiana (Pennsylvania) Area School District. Wally Gart also contributed information and materials used in adapted physical education program at both New Trier East and West Area School. Further thanks are extended to many unnamed persons who provided input, suggestions, recommendations, and materials for consideration and use in this publication. This has been a team effort involving many different individuals from various programs, settings, and parts of the country.

In keeping with the emerging emphasis in education which promotes new, bold, and imaginative thinking, this publication contains ideas, suggestions, approaches, and techniques intended to change the status quo and bring about breaks with tradition and convention. These Guidelines are dedicated to promoting greater opportunities in physical education and sport programs for all impaired, disabled, and handicapped persons, to more participation by those with various deficiencies, difficulties, problems, and conditions in activities of regular physical education programs when they can safely, successfully, and with personal satisfaction take part, and to physical educators with the foresight and commitment to do what they know is best for all children.

Julian U. Stein, Director
IRUC and AAHPER Consultant
Programs for the Handicapped

Despite congenital birth defects that left him with only part of a right foot and a portion of his right hand, Tom Dempsey is one of the leading place kickers in the National Football League. In addition to holding the all time League field goal record of 63 yards, Tom Dempsey has kicked as many as six field goals in one game! He plays golf regularly and has recorded scores in the high 70's and low 80's. Many other individuals with impairments and disabilities have excelled in sports and physical activities at all levels. Some of these athletes were encouraged and got their starts in adapted physical education programs; others attained pinnacles of success without such opportunities. Every student in school can benefit from and needs to participate actively in well-planned and individualized physical education programs.

PROLOGUE

The terms impaired, disabled, and handicapped are often used synonomously and interchangeable. Society categorizes and stereotypes; it imposes labels, particularly upon individuals with various physical, mental, emotional, and social conditions. This is a paradox in an era where emphasis is supposedly on the individual and what he or she can do; lip service is given to an individual's potential while too many programs, activities, and efforts focus on disability and deficiency. The contradiction between philosophy and reality is even more confusing when one realizes that these are not ways in which many individuals with various impairments and disabilities look upon themselves. There are important differences among impaired, disabled, and handicapped persons that indicate difference in degree and type of condition. Personnel involved in these programs must promote appropriate definition, connotation, and exact use of each of these terms. For purposes of this publication these terms are differentiated in ways individuals with various conditions look upon themselves, not ways that have been culturally imposed by society and able-bodied persons.[1]

- Impaired individuals have identifiable organic or functional conditions—some part of the body is actually missing, a portion of an anatomical structure is gone, or one or more parts of the body do not function properly or adequately. Conditions may be permanent as in cases of amputations, congenital birth defects, cerebral palsy, brain damage, or rectolinial fibroplasia. They may be temporary—functional speech defects, some learning disabilities, various emotional problems, certain social maladjustments, or specific movement deficiencies.

- Disabled individuals, because of impairments are limited or restricted in executing some skills, doing specific jobs or tasks, or performing certain activities. Individuals with certain impairments should not be automatically excluded from activities because a condition makes it appear that they cannot participate safely, successfully, or with personal satisfaction. Some impaired persons attain high levels of excellence in activities in which they are not supposed to be able to perform or participate. *Is this success in spite of or because of us? Because of their impairments? Despite growing numbers of success stories—Harry Cordellos', Bobby Hall's, Charley Boswell's, Liz Hartez's, Glen Cunningham's, Bobby Morrow's, Wilma Rudolph's, Pete Gray's, Shelly Mann's, Tom Dempsey's, Katie Adams', Pete Dawkin's, ad infinitum—not all individuals are highly motivated and willing to go the extra mile for such progress and achievement. However*

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[1]"Clarification of Terms." Journal of Health, Physical Education, and Recreation, 42 (7): 63-65; September 1971.

all, regardless of type or severity of condition can benefit from active participation in a variety of physical education, recreation, and sport programs.

- Handicapped individuals, because of impairment or disability, are adversely affected psychologically, emotionally, or socially. Handicapped persons reflect an attitude of self-pity, feeling sorry for one's self, and what's the use. Some individuals with impairments and disabilities are handicapped, some severely. Others with severe impairments or disabilities adjust extremely well to their conditions and live happy and productive lives. In their eyes they are not handicapped even through society continues to label them handicapped. Undoubtedly many persons in society with neither an impairment nor a disability are handicapped.[2]

A major aim of adapted physical education is to provide impaired and disabled persons with challenging, meaningful, and functional opportunities and experiences so that negative feelings do not develop or become so pronounced. Activities and approaches should capitalize upon each individual's abilities, not focus on impairments; potential, not deficiency must be sought; participants must be encouraged, not discouraged; and accent must be positive.

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[2]See Values of Physical Education, Recreation, and Sport for All, Physical Education and Recreation for the Handicapped: Information and Research Utilization Center (American Alliance for Health, Physical Education, and Recreation, 1201 16th Street, N.W., Washington, D. C. 20036), 1976, for discussion of how individuals with different impairments and disabilities look at their conditions and themselves.

PERSPECTIVE [1]

Medical Gymnastics--Therapeutics--Corrective Therapy--Physical Rehabilitation--Physical Education for the Handicapped or Inconvenienced--Corrective/Remedial/Adapted/Adaptive/Special/Developmental/Individualized/Diagnostic/Prescriptive Physical Education are a few terms which historically have been applied to physical education programs for students unable to participate safely, successfully, and with personal satisfaction in all activities of an unrestricted program. Terminology and definitions have suggested directions and emphases of these programs; special interests, training, and experience of personnel responsible for these programs have dictated emphasis and focus; tradition and convention have often promoted the status quo. Much attention has been given impairments, disabilities, and what people cannot do. Today programs and activities accentuate the positive, are built upon each participant's abilities, and focus on what individuals can do.

Differences among individuals with various impairments and disabilities are important, may influence extent of ones participation in certain activities, and must be considered in all programs. However, similarities among all youngsters, including those with various impairments and disabilities must be emphasized and reflected in all programs and activities including physical education, recreation, and sports. Making sure that every youngster has opportunities with peers in as much meaningful activity as possible must be considered when planning and implementing all physical education programs. Impaired, disabled, and handicapped youngsters cannot be prepared to take their places in society and in their communities when they are continually scheduled in separate programs and segregated for all activities. This is the reason for least restrictive alternatives and most normal settings feasible mandates.

Much debate rages about curricula for physical education, recreation, and sports programs for special populations. Despite emphasis on individualized programs, many people still search for one program, single activity, or lone approach that will be everything to everybody. Others seek specific or special programs for persons with a given impairment or disability. The most successful programs recognize the individuality of participants and leaders and are approached in terms of basic interests, abilities, and hang-ups of people involved in these programs. Existence of specific or special body of knowledge in physical education for most special groups is questioned. While modifications and adaptations in methods and techniques are obviously necessary for some participants, basic activities, sequences, and progressions are the same ones found in solid developmental programs. In fact, many advances in regular

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[1] For a detailed discussion of the state of the art in physical education and recreation for impaired, disabled, and handicapped persons see Physical Education and Recreation for Impaired, Disabled, and Handicapped Individuals: Past, Present, Future, Physical Education and Recreation for the Handicapped: Information and Research Utilization Center (American Alliance for Health, Physical Education, and Recreation, 1201 16th Street, N.W., Washington, D.C., 20036), 1976.

elementary school physical education programs have emerged from programs designed to meet specific needs of mentally retarded, learning disabled, and other mildly impaired youngsters. Even in highly competitive sports, differences from basic sports are kept at a minimum.

Because of the variety in personnel and diversity in programs and activities in which impaired, disabled, and handicapped persons participate, specific methods, techniques, and procedures differ widely. As with activities, many professionals continue to seek one way, a single approach, or a magic formula to guarantee success with all individuals having a specific condition. This approach fails to recognize the basic fact that we as individuals are dealing with individuals. As such. many different methods can be and are effective in teaching the same skills, movements, patterns, and activities to individuals with very similar external behavioral characteristics.

Many of the simplest, easiest, and most practical adaptations and modifications have been devised by impaired and disabled individuals themselves. This indicates that more active involvement of consumers is necessary to meet their needs in most effective and efficient ways. Another factor that makes it difficult, if not impossible,to standardize methods, approaches, and techniques, is that these populations defy standardization; they are not robots off an assembly line but real live flesh and blood with much personal worth and dignity.

These same factors create problems in evaluating individual progress. So often emphasis is placed on norms and standard scores rather than individual performance and progress. Many evaluation scales, assessment devices, and diagnostic tools are available and used in these programs. Appraisal is made of performance, achievement, and progress in many different areas:[1] *Physical fitness, Motor, Psychomotor, Perceptual-motor development, Developmental profiles, Emotional stability, Social awareness, Sports/skills.*

Assessment is made in these and other areas for many different reasons. While many programs abuse rather than use evaluative devices, in the final analysis their justification is primarily in ways each facilitates instruction. With judicious use, results from a number of these devices can be used effectively to motivate participants. Several programs have been devised and are widely used for this purpose. The AAHPER/Joseph P. Kennedy Jr. Foundation Special Fitness Test[2] and Motor Fitness Testing Manual for the Moderately Mentally Retarded[3] are specific examples of such devices. Many swimming programs have included combination testing and award programs.

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[1]Testing for Impaired, Disabled, and Handicapped Individuals. Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1975.

[2]Special Fitness Test Manual. Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1968.

[3]Londeree, Ben R., and Leon E. Johnson. Motor Fitness Testing Manual for the Moderately Mentally Retarded. Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1976.

Precise cause and effect relationships continue to elude many people involved in these programs. Reasons for success of specific activities and approaches are generalized in terms of inappropriate, inaccurate, or inconclusive cause and effect relationships. Regardless of specific activities or methods found in successful programs, certain basics are consistently found in them:

- Participants are actively involved.
- Activities and methods are relevant, appropriate, and challenging.
- Results provide a feeling of personal satisfaction, achievement and fulfillment.
- Participant and leader build a very special type of interpersonal relationship that inspires mutual confidence and trust in each other.

A hierarchy which can be applied and seen in virtually any sequence or progression of methods includes:[1]

- Coaction -- feel general or specific movement patterns by placing hands on parts of the body of an individual, mannequin, or doll going through desired movement patterns.

- Manipulative -- guide parts of body through desired movement to result in a proper response. This gives a student the feel of the action and can do much to alleviate initial fear so often shown by a new skill or activity by physically impaired or mentally retarded individuals.

- Tactile -- touch body parts so the student feels the part to be moved. Touching the arm to be moved or the leg to be kicked are simple examples of application. This is seldom if ever used by itself, but is a means of reinforcing visual and/or verbal stimuli.

- Visual stimulus -- stimulate eyes through demonstrations, pictures, films, slides, single concept loops, television, or other visual stimuli. The student sees what is to be done and then imitates or reproduces the movements.

- Verbal stimulus -- stimulate ears through the spoken word. The student is given oral instructions, commands, or problems to solve.

- Abstract stimulus -- use various stimuli--signals, signs, words, numbers, colors, drum beats, or other signals. The student receives, interprets, and translates into action the stimuli.

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[1]Council for National Cooperation in Aquatics and the American Alliance for Health, Physical Education, and Recreation. A Practical Guide for Teaching the Mentally Retarded to Swim. Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1969. pp. 42-43.

Current trends indicate the importance of and emphasis upon interdisciplinary cooperation in attacking educational problems. Ungraded programs require team efforts of both generalists and specialists; cooperative action is essential to individualized, diagnostic, and prescriptive teaching. A total team effort in meeting problems of students in public schools is becoming as routine as it has been in hospitals, clinics, and other institutions providing individualized or clinical services. School personnel are applying many techniques and procedures previously reserved for clinics and other individualized programs to give students additional personal attention in large class situations. Conversely, personnel in clinical programs are extending their services and impact by incorporating group methods and procedures. Both school and clinic personnel can better meet needs of those they serve by judiciously choosing and applying appropriate approaches of the other for individuals or groups in specific situations.

The very nature of adapted physical education precludes a set program or cook-book approach. Every student enters the program as an individual with certain experiences, special needs, specific interests, many abilities, and some limitations. Participants must be guided into activities on the basis of their personal needs and characteristics, not diagnostic categories, etiologies, and unrelated generalizations. Individuals with mental retardation, cerebral palsy, visual or hearing impairments, orthopedic conditions, emotional problems, multiple sclerosis, muscular dystrophy, cardiac dysfunction, ad infinitum, are not homogeneous when only their conditions are considered; they are even more heterogeneous when other aspects of their behavior and function are considered.

It is a mistake to categorize and label everyone with a specific condition on the basis of that condition. Students should be placed in physical education on the basis of ability to participate in activities safely, successfully, and with personal satisfaction. In addition to primary factors--motor ability, physical fitness, and physical proficiency--social development, emotional stability, and intellectual function of each individual must be carefully weighed. Too many impaired, disabled, and handicapped youngsters have been relegated to programs which are adapted in name only; they provide little more than busy work to students but enable school officials to say that they offer adapted physical education. The curriculum squeeze, which will continue to get worse before it gets better, makes it obligatory for all activities in school programs to contribute to the fulfillment of sound educational goals and objectives. With instruction in physical education, a mandated part of special education under the Education of All Handicapped Children Act, programs must now be appropriate, individualized, and conducted in least restrictive environments. In addition, programs must be written, periodically evaluated, and both parents and students be a part of admission review and dismissal procedures. No longer can failure to one intended level of attention to physical education by state and local education agencies be tolerated, justified, or rationalized. The Congressional mandate that every child have access to a free public education, including physical education as defined by law, is not now a matter of choice.

Increasingly, personnel from diverse disciplines are turning to physical educators for assistance, guidance, and direction in utilizing physical activities, motor programs, and movement to reach and teach their youngsters. Adapted physical education has much untapped potential; it can contribute significantly to growth and development--social, psychological, intellectual, and ethical, as well as physical--of impaired, disabled, and handicapped students.

Regardless of impairment or disability, somewhere individuals with that condition participate in virtually every physical education, recreation, and sport activity. For example:

- Visually impaired ski cross country and down hill, participate in gymnastics, play golf, skin and scuba dive, wrestle, climb the highest mountains, swim the English Channel, and run in competitions such as the Boston Marathon.

- Amputees, paraplegics, and quadriplegics ski, swim, fish, dive, surf, and take part in gymnastics, pool, archery, hockey, weight lifting, football, basketball, golf, table tennis, track and field.

- Bedfast individuals dance, take part in dramatic productions, work with clay, paint, attend parties.

Representative of countless other examples of impaired individuals who have excelled in physical education and sport activities and attained the highest goals are:

- Mark, a post polio younster with no use of his legs, became interested in gymnastics after an intensive weight training program in an adapted physical education program that was integrated with a regular physical education class. He won the state interscholastic rope climbing championship in both his junior and senior years, the latter in a record of 3.8 seconds that stood for ten years.

- Pete Gray attained the epitome of success in his profession--he play centerfield on a major league baseball team despite an arm amputation just below the shoulder. Monty Stratton and Bert Sheppard pitched in the big leagues despite leg prostheses.

- John, a congenital quadra-amputee became less self-conscious about his condition as he learned to swim and dive. He now swims in public pools and takes part in many community activities.

- Tom Dempsey, stellar kicker for the Los Angeles Rams of the National Football League, is another professional athlete who has overcome great obstacles to succeed in his chosen profession. Despite only half of a right foot and a stub of a right hand, he is one of the leading place kickers in professional football! And he plays golf in the high 70's!

- Bill, an aphasic, began talking in sentences while participating in a wilderness camping program. Others with various speech problems have found their first relief and spoken their first words while taking part in various physical education or recreation activities.

- Charles, labeled as mentally retarded, read a little and cared less; he had crying fits and temper tantrums at the least

provocation as emotional overtones to his condition were quite evident. As he became increasingly interested in baseball after being introduced to softball, he wanted to follow his favorite teams and players in daily newspapers and Sports Illustrated. Within three years Charles was out of special education and in a regular junior high school program. He recently graduated from senior high school with a regular diploma!

- Marvin, a severely cerebral palsied boy, spent several hours digging a place on the side of a hill for his sleeping bag; he also spoke in sentences for the first time during this wilderness camping program.

- Charley Boswell despite being totally blind plays golf regularly, has posted an 81 for 18 holes, and had a hole-in-one on a par three 147-yard hole.

- Jack Robertson came within 500 yards of swimming the English Channel despite having no use of his legs; he is a paraplegic!

- Harry Cordellos and Bobby Hall both completed the Boston Marathon in less than three hours--Harry is blind and Bobby in a wheelchair!

- Blind wrestlers have won conference, state, and national championships; amputees have become expert archers; totally deaf sprinters and hurdlers have competed in the Olympics; paraplegics and quadraplegics have excelled in wheelchair sports as well as in various other sports and activities which have been adapted or modified little.

While many planners of programs and providers of services continue to think of day or residential camping as the ultimate, others personally are challenging the most severely, profoundly and multiply involved with backpacking, wilderness and survival camping, caving, orienteering, and Outward Bound challenge courses. Aquatic activity is not limited to instructional or recreational swimming but includes small craft, boating, white water canoeing, water skiing, surfing, skin and scuba diving, hydroplaning as well as fishing and casting. Programs are not limited to summer or warm weather. Year round programs continue in the severest of winter environments with skiing, snow shoeing, tobogganing, ice skating, sliding, sleigh riding, snow mobiling, snow picnics, and ice fishing. Personnel involved in these successful programs have not been affected by limited expectations of what individuals can and cannot do based on categorical generalizations.

Many equally dramatic examples can be related by anyone who has been involved in activity programs for impaired, disabled, and handicapped persons. Physical education must be a part of the education of all children including those with various handicapping conditions and regardless of their types or severities. However, to be justified in the curriculum, all aspects of physical education, including adapted programs, must be educational. Properly constituted and developed, adapted physical education programs contribute to each major objective of education: *self-realization, human relationships, civic responsibility,* and *economic efficiency*.

Contributions to these objectives don't just happen--teachers must structure activities, teach to specific objectives, and plan to meet both immediate and long range needs of each student. One contributing factor to the success of educating through adapted physical education has been the highly individualized nature of programs which promotes close interpersonal relationships among teachers and students. In many ways adapted physical education epitomizes basic principles and fundamental philosophies of American education which are predicated upon meeting individual needs.

Despite the variety of general and specific educational goals that can be accomplished through adapted physical education, sight can not be lost of the fact that this is the only c rricula area that deals directly with physical fitness, motor development, and movement as related to better health. To achieve these ends, many progressive and forward looking schools and school systems plan and schedule adapted physical education so that students participate in this program in addition to--not in place of--regular physical education activities. In this way, students with special needs in these areas receive the best of several worlds--required individualized attention; necessary social contact and interaction with classmates and peers; emphasis on physical and motor needs; attention to ther needs that can be attained through active participation in a variety of physical education and sport activities.

These Guidelines have been designed for many different publics--physical educators, special educators, classroom teachers, school administrators, resource and supervisory personnel, counselors, medical and para-medical personnel, nurses, those from other and related disciplines, students, paraprofessionals, parents, the lay public, and for the youngsters themselves. This is a practical, realistic, and functional resource for use in public schools, residential facilities, day care and activity centers, clinics, hospitals, and both undergraduate and graduate professional preparation programs. Specialists and generalists alike will find contents adaptable and workable for varied situations and in programs at different levels. New, innovative, and flexible approaches are proposed and outlined.

To initiate or enrich adapted physical education programs requires complete and continuous approval, cooperation, and support of school administrators. Their belief and attitude toward the program sets tone and atmosphere for the program and are instrumental to its success. Administrators--at state, system, and school levels--have definite roles, specific responsibilities, and contribute greatly to adapted physical education by giving their wholehearted support in planning and implementing these programs. Specifically, administrators --

- Provide support and coordination for the program within the school.
- Provide adequate space, equipment, facilities, and qualified personnel for both integrated and separated programs as needed by students.
- Assist in scheduling classes for children assigned to the special adapted physical education program where feasible and when necessary, and scheduling children into regular classes when practical and possible.
- Provide adapted physical education teachers with supplies for communications and records.

- Provide information regarding the school's medical policy with respect to the program for all persons concerned--doctors, nurses, parents, teachers, lay public, and the students themselves.
- Understand and implement programs in terms of federal and state legislation applicable to education for special populations in general and physical education in particular.
- Act as liaison with and interpret the program to the board of education, teachers, medical and nursing personnel, parents, and the lay public.

Despite increasing numbers of impaired, disabled and handicapped youngsters becoming the responsibility of public schools, too many administrators are still unfamiliar with both the term and concept of adapted physical education. Administrators, physicians, nurses, parents, and other interested personnel must be made aware of the scientific preparation of physical educators in general and of those with special knowledge and competencies in adapted physical education in particular. Physical educators should be an integral part of interdisciplinary teams which staff and program all aspects of the curriculum for impaired, disabled, and handicapped youngsters. Administrators should encourage colleges and universities to offer workshops, clinics, institutes, and seminars in addition to appropriate classes dealing with specific aspects of adapted physical education--philosophy; scientific bases of activity; organizing, administering and evaluating programs; individualized prescriptive teaching; facilities, supplies, and equipment; handicapping conditions and implications for activity programs; child growth and development; motor function and development; diagnosis and prescription for motor problems. Units dealing with adapted physical education and impaired, disabled, and handicapped populations need routinely to be made a part of all classes and courses in physical education. Competencies need to be defined and approached so that they can be applied to all students wherever they are housed. This approach will enable impaired, disabled, and handicapped students to become a part of regular physical education programs and enable all students to have benefits of adapted programs as needed and necessary.

Efforts should also be made to include appropriate sessions during regularly scheduled inservice programs at state, system, and local levels. Programs to present promising practices and success stories, to enable personnel to discuss mutual problems, and to stimulate greater interest in and understanding of adapted physical education are needed at national, regional, district, state, and local conferences and conventions of all disciplines and specialties in the total educational family. The role of classroom and special education teachers, especially at the elementary school level, should not be overlooked in that they can do much to supplement and complement efforts of an adapted physical education specialist. For example, classroom teachers can:

- Aid in screening classes for possible adapted student referrals to the program.
- Aid in student referrals to the program.
- Cooperate in scheduling students for screening examinations and class instruction.
- Give moral support and encouragement to children in the program.
- Assist in implementing the program and activities during regular and adapted physical education classes as well as in conjunction with classroom activities.
- Act as liaison in informing parents about the program when necessary.

Too many school systems have ignored impaired, disabled, and handicapped children when it came time for physical education; in some situations they have been automatically sent to study halls, or academic classes, or made to give out towels, take roll, grade papers, or provided with other meaningless busy work; in still other cases, pressures from parents, well-intentioned family doctors, or special interest groups within a community have resulted in the excuse of these children from physical education. Gradually educators are realizing that these conditions indicate how little thought has been given basic needs of children; steps, though slow, are now being taken to rectify these conditions and situations. Legislative mandates and court decrees are making this a more rapid process.

Too many physical educators have allowed themselves to be placed on the defensive about their roles and contributions in educating all children. Physical educators must be prepared to defend their position; the initiative must be taken with an offense developed from scientific research results, empirical evidence, and subjective reports based on highly competent professional experience. Education is our business; physical activities our media; and adaptations of physical activities our trademark. Together, they mean education through adapted physical education for all youngsters who cannot safely, successfully, or with personal satisfaction participate in the vigorous and unrestricted activities of the regular physical education program.

Wheelchair basketball is an excellent example of a popular sport adapted so that impaired or disabled persons can participate in activities that appeal to interest, and challenge them. Activities of this type have for the most part been confined to special schools, residential facilities, hospitals, clinics, special recreational clubs, and certain organizations. More attention to activities of this type must be given by personnel in public schools and community agencies.

Photograph courtesy of Human Resources School Albertson, Long Island, New York

ADAPTED PHYSICAL EDUCATION: AN OVERVIEW

What Is Adapted Physical Education?

At the present time two diametrically opposite trends are in obvious conflict relative to physical education, recreation, sport, and related activity areas for impaired, disabled, and handicapped persons. On the one hand are advocates of integrating or mainstreaming persons with various handicapping conditions into regular school and community programs.[1] On the other hand are individuals and groups who want to maintain separate and special programs in whatever activities special populations participate.[2] Neither legislation nor litigation mandating placement of and programming for all individuals, regardless of type or severity of handicapping condition, in least restrictive environments, or most normal setting possible, intend or imply abolition of special programs; nor do they mean indiscriminately placing individuals in regular programs for which participants are not prepared.

In essence, the definition of adapted physical education, in existence for almost a quarter century, expresses purposes and provides basic guidelines for all programs and activities involving special populations. It is interesting to note that West Virginia and Pennsylvania have recently incorporated these same principles into new definitions of special education. By definition, Adapted Physical Education is --

> *... a diversified program of developmental activities, games, sports, and rhythms suited to the interests, capacities, and limitations of students with disabilities who may not safely or successfully engage in unrestricted participation in the vigorous activities of the general physical education program.*[3]

Specifically, special provisions are necessary for any individual who cannot safely, successfully, or with personal satisfaction participate in unrestricted activities of general or regular programs. In addition to encouraging administrative and organizational flexibility so that individuals can participate in regular programs when possible and special activities where necessary, services are based on need and not generalizations from categorical conditions. All members of a student body become eligible for needed services.

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[1] Integrating Persons with Handicapping Conditions into Regular Physical Education and Recreation Programs. Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1975.

[2] "Sense and Nonsense About Mainstreaming." Journal of Physical Education and Recreation, 47 (1):43; January 1976.

[3] Journal of the American Association for Health, Physical Education, and Recreation, 23 (4):15; April 1952.

Basic aims and objectives of adapted physical education are no different than for physical education in any setting or for any student. Included are development and improvement of: *Self-realisation, Human relationships, Civic responsibility,* and *Economic efficiency.*

Specific elements of adapted physical education include:[1]

- Corrective - remediate conditions such as postural deficiencies and minor orthopedic deviations through individually planned exercise and activity programs.
- Therapeutic - provide individual prescriptions of movement activity for various purposes and to meet specific needs.
- Remedial - change or improve function or structure by means of selected exercises and/or physical/motor activities.
- Adapted - modify sports and games so impaired, disabled, and handicapped persons can participate, and/or provide means for each person to develop sufficient skills in various activities so as to be able to participate with peers, classmates, and contemporaries.
- Developmental - increase exercise tolerance of the weak and ill through individually planned and progressively vigorous programs; more recently this has referred to preventing or improving low levels of motor ability or poor physical fitness in preschool and primary level children.
- Special - provide for the specific needs and abilities of special populations through corrective, developmental, therapeutic, remedial, or adapted activities.

Physical and motor activities are being used for a variety of remedial and therapeutic purposes in programs throughout the country. Many of these same physical and motor activities are also being used in preventive programs, especially in infant stimulation, early childhood, and parent intervention projects. Despite successes of many of these programs, research results, empirical evidence, and subjective observations differ as to exact and conclusive cause and effect relationships for noted progress. Research is needed to shed definitive light on this conflicting evidence.

Increasingly, physical educators are being looked to by other specialists for guidance and assistance in evaluating, diagnosing, and prescribing for children with various perceptual-motor problems and for those with specific learning disabilities. This continually broadening scope of responsibility has caused some physical educators to say that the generally accepted definition of adapted physical education is somewhat conservative, limiting, and not in keeping with the trends and needs of

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[1]Guidelines for Professional Preparation Programs for Personnel Involved in Physical Education and Recreation for the Handicapped. Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1973. pp. 3-4.

today's youth. Many impaired, disabled, and handicapped children need special help with motor learning, body image, laterality, directionality, locomotion, self-concept, use of leisure time, and with a variety of perceptual concepts involving space, time, speed, intensity, direction, and form; large numbers also have postural deviations, inefficient body mechanics, balance problems, and low levels of physical fitness. Physical education programs and activities are being designed to promote perceptual-motor development among children with a variety of learning disabilities, to serve as a base for reading-writing-and-arithmetic readiness programs for all children, and to form the foundation of preschool prevention programs, especially among children identified as high risk cases. There is justification and need to be sure that adapted physical education is interpreted as including developmental activities, methods, and procedures for individuals with perceptual-motor difficulties and specific learning disabilities. As physical education activities receive greater attention and emphasis in preschool and elementary school programs, the importance of and need for well-defined and planned adapted programs at all school levels become paramount. Broadening the interpretation of the definition of adapted physical education to include perceptual-motor problems and specific learning disabilities makes this consideration of even greater importance.

Physical educators must consider several factors when planning and implementing adapted physical education programs to satisfy the word and intent of this definition. Adapted physical education refers to any motor activity or movement program designed specifically for impaired, disabled, and handicapped persons in any setting with an educational focus or purpose. By definition, adapted physical education includes physical activities --

- Planned for individuals with learning problems resulting from motor, mental, or emotional disabilities or dysfunctions.
- Planned for purposes of habilitation, rehabilitation, remediation, or physical development.
- Modified so impaired, disabled, and handicapped persons can participate.
- Designed for modifying movement capabilities.
- Planned to promote maximum/optimum motor development.
- Conducted in a school setting or within a clinic, hospital, residential facility, day care center, or other environment where the primary intent is to influence learning and/or movement potential through motor activity.
- Conducted in either regular physical education or special adapted physical education classes depending upon functional abilities, needs, and individualized[1] program of a student.

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[1] Individualized does not mean only one-to-one relationships or small group settings, or preclude class or team activities. Individualized means a variety of activities, methods, procedures, and techniques according to needs, abilities, and limitations of each program participant.

Adapted physical education is concerned with students who have conditions such as:

Cultural, social and economic deprivation
Hearing impairments including deaf and hard of hearing
Illness and infirmities
Learning disabilities and perceptual-motor problems
Low levels of physical fitness, specific motor deficiencies, and physical under-development
Mild, moderate, severe, and profound mental retardation
Neurological impairments and brain damage
Physical and orthopedic impairments including postural problems and inefficient body mechanics
Special health problems such as cardiac disorders, multiple sclerosis, muscular dystrophy, obesity, malnutrition, diabetes, and asthma
Serious maladjustments, emotional disturbances, and social maladjustments
Visual impairments including blindness and partial sightedness

Adapted physical education is flexible whereby individual students take part in activities within the regular physical education program whenever they can safely, successfully, and with personal satisfaction participate with their classmates. Special offerings are provided through the adapted program when activities in the regular program are such that individual students cannot safely, successfully, or with personal satisfaction participate with their classmates. Safe, successful, and personal satisfying participation can be influenced by one or more of many physical, mental, emotional, and social factors which must be considered when determining why an individual cannot safely, successfully, or with personal satisfaction participate with classmates. Program placement should be flexible so that students can be moved from the regular class to the adapted class and back again according to individual needs.

Adapted physical education may be in addition to, not in place of participation in regular physical education programs. Students with special needs can be helped through participation in additional physical education classes where special and individualized attention can be given to meet special needs. In this approach individual students have opportunities to work in areas in which they are deficient, to pre-learn skills and activities, and to become more confident in their ability to participate and compete with classmates in regular programs. They are not denied opportunities for social growth and development, recognition among peers, and satisfactions of progress from participating in appropriate activities in the regular program.

Who Participates in Adapted Physical Education?

Adapted physical education is for any student who cannot safely, successfully, or with personal satisfaction participate in regular physical education programs. Adapted physical education should not be limited to students with postural, orthopedic, and organic conditions. The program should include students with visual and hearing impairments as well as those with intellectual limitations, behavior problems, perceptual-motor difficulties, and non-sensory physical conditions. In addition to students with chronic conditions, adapted programs should provide for those recuperating from injuries and accidents and for those convalescing from long or short

time illnesses. *Generally, every student capable of attending school, regardless of type or severity of impairment or disability, can take part in and benefit from participation in adapted physical education programs.* Provisions must be included in physical education programs for all students not just those able to take part in regular programs. Students with low levels of physical fitness and those with specific motor deficiencies should be included in a broad and all encompassing adapted program. Children with specific learning disabilities which are influenced by lack of motor coordination and poor physical development can be aided by participating in comprehensive adapted physical education programs. In general,

- Adapted physical education includes a larger segment of every student body than is generally realized. Seven to eight per cent of school age children have physical, mental, and emotional conditions to such a degree that some special programing, including physical education, is necessary. At least sixteen percent of every student body can benefit from individual attention and special programing because of low levels of physical fitness, specific motor deficiencies, or inadequate physical development. Some specialists have estimated that over fifty percent of many student bodies have one or more specific learning disabilities which can be attributed in part to poor motor or perceptual-motor development or inadequate physical condition. Even in the smallest of schools several adapted physical education classes are needed and can be justified; in large schools at least one such class is still needed every period of the day.

- Adapted physical education is for all levels and should not be limited to colleges, universities, and secondary schools. Many students in primary and intermediate grades can profit from individual attention and special programing so they become more skilled, competent, and ready to participate in regular programs when they enter secondary school.

The number of students who can and should be served by adapted physical education dictates that the scope of these programs expand; more classes, special instructors, resource personnel, and appropriate facilities are needed. Programs to meet students' needs can be introduced and existing programs expanded without drastically changing regular class enrollments. However, this cannot be interpreted as condoning, sanctioning, or giving licence to wholesale and indiscriminate use of such an approach. It is a way to initiate and introduce adapted physical education where none now exists, so as to gain administrative, parental, and student support for a comprehensive program conducted by teachers with special interest and training in the area. Creative and innovative ways of meeting the needs of all students, including those with various impairments and disabilities through physical education are needed and should be developed. Full use should be made of student leaders, aides, volunteers, team-teaching, co-educational classes, modular scheduling, enrichment programs, and many other devices and procedures now a part of modern educational programs.

Why Every School Should Offer Adapted Physical Education?

Adapted physical education is not an end in itself but a means by which students learn sensible and realistic limitations so that they can participate in appropriate physical and recreational activities without aggravating their conditions. The program is a positive force in the education, training, habilitation, rehabilitation, growth, and development of each participant. The comprehensive program should include --

- activities adapted to each individual's interests, capacities, abilities, and limitations.
- activities of a developmental, corrective, or remedial nature designed to improve conditions amenable to exercise.
- activities within the regular physical education program which are safe for the student and in which he or she may participate successfully and with personal satisfaction.

Adapted physical education is not baby-sitting, busy work, watered down activities from the regular program, or a means of circumventing physical education requirements. Adapted physical education is an integral part of the total educational program; it has been relatively untapped in too many schools and school systems. The need for well developed, meaningful. and individualized adapted physical education programs in increasing, not decreasing, and will continue to increase since population growth automatically means more impaired, disabled, and handicapped youth. Philosophical changes which promote keeping children at home and in the community rather than in residential facilities and advances in medical technology which save many infants who even a generation ago would not have survived the first or second year of life mean more impaired, disabled, and handicapped children becoming the responsibility of all general and special areas of public education. In addition, recent experimental and empirical evidence shows that certain basic physical skills and motor abilities contribute to success in academic or intellectual skills, and reports indicate that participation in vigorous physical activities is important to growth and development of all children and youth including impaired, disabled, and handicapped youngsters.

What Are The Goals of Adapted Physical Education?

The base of any education program is centered upon its goals--statements which give direction to the program and translated into readily attainable and measurable objectives for each participant. Some goals are more easily and quickly achieved than others; some are more functional and easier to observe than others. In determining the direction of adapted physical education programs, any statement of goals should be viewed as a guide to and framework for the program. All goals do not apply to every student in the program; goals which do apply to individuals may vary in degree at different times during the program. The students themselves must understand goals of the adapted physical education program as they apply to them and to their specific conditions. Current emphasis necessitates formulation of basic objectives for each student in behavioral terms so that degree of their attainment can be objectively measured and determined. Representative of meaningful

and functional goals for adapted physical education[1] include --

- Protect conditions from aggravation by acquainting each student with information about his or her limitations and capacities and arranging a program within each student's physiological work capacity and exercise tolerance.
- Provide each student with opportunities to develop organic vigor, muscular strength, joint function, and endurance within limits of his or her disabilities.
- Provide each student with opportunities for normal social development through recreational sports and games appropriate to age group and interests.
- Provide each student with opportunities to develop skills in recreational sports and games within limits of one's own disability.
- Contribute to security through improved function and increased ability to meet the demands of daily living.
- Aid in social development, adjustment and/or resocialization of the individual when an impairment or disability is permanent.
- Provide opportunities for normal social development through physical activities appropriate to age group and interests.
- Accomplish needed therapy, correction, and restoration of function for conditions which can be improved or removed.
- Develop personal pride in overcoming impairments, disabilities, and weaknesses.
- Develop an appreciation for individual differences and the capacity to accept limitations without withdrawing from a group.

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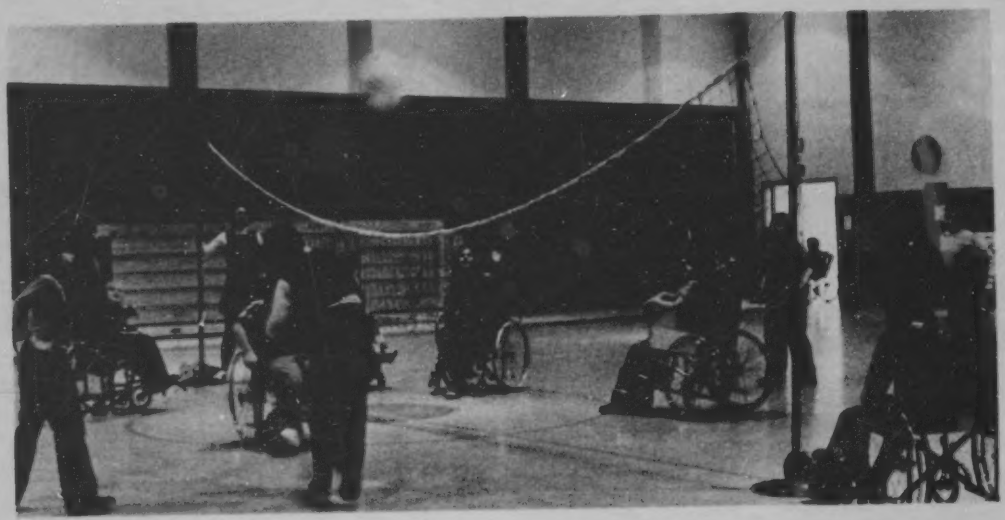
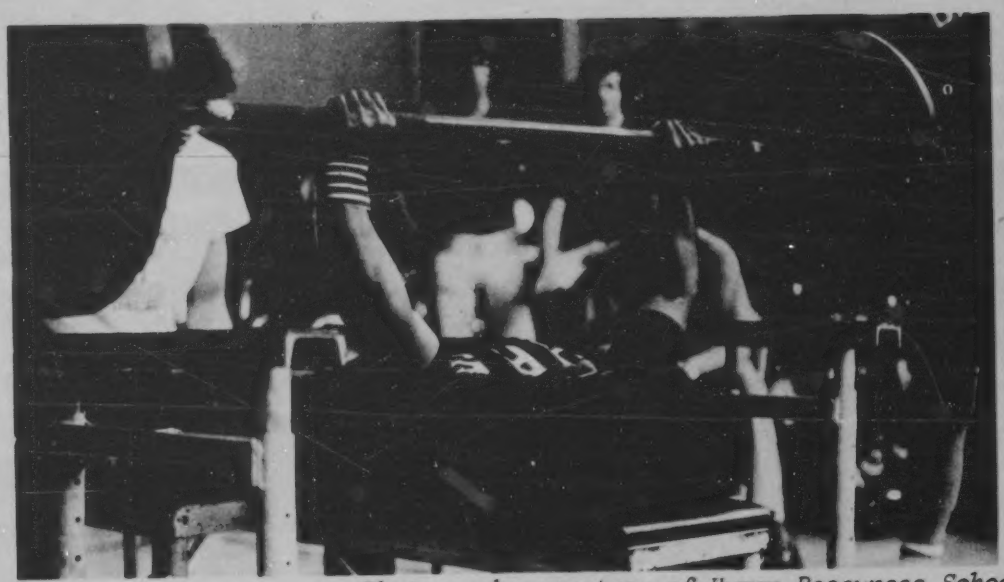
[1]Based on Arthur S. Daniels and Evelyn A. Davies, Adapted Physical Education, 2nd edition, Harper & Row Publishers, New York, 1965. pp. 326-332.

Regardless of interests, experience, abilities, or limitations, adapted physical education can provide opportunities for every individual who cannot safely, successfully, or with personal satisfaction participate in regular and unrestricted physical education activities. Adapted physical education can help these participates spread their wings and build their own rockets to the moon while experiencing success, achievement, and having fun. Rivalry and competition do stimulate a youth's ambition!





Photographs courtesy of Human Resources Schoo
Albertson, Long Island, New York

ADMINISTRATIVE CONSIDERATIONS IN PLANNING, AND IMPLEMENTING ADAPTED PHYSICAL EDUCATION PROGRAMS

Success of adapted physical education programs is dependent upon many factors, including well defined plans and carefully organized procedures to implement these plans. Just as it is not feasible to outline a single course which will apply to each student, no one organizational pattern, administrative structure, or program approach is appropriate and workable in all situations. Regardless of school level or environmental setting, certain basic factors must be considered in organizing and implementing adapted physical education programs:

- Organizational Patterns
- Personnel
- Facilities
- Classifying Students
- Referral, Evaluation, and Records
- Public Relations, Community Awareness, and Education

Organizational Patterns

A variety of philosophies, organizational patterns, and administrative structures have influenced and been used successfully for adapted physical education programs at different levels and in various situations. Some programs have been organized and functioned for one type of impairment or disability. Many very successful programs have cut across impairments and disabilities and served two or more different conditions. Still other programs have integrated special populations with able-bodied participants; others have abled bodied participants as a minority with special groups as the majority. An approach that has been successful in a number of places provides flexibility in placement. Key to success in this approach is ability of each individual to participate safely, successfully, and with personal satisfaction in the current activity. Basically a three step or level approach is provided:

- Regular Programs--individuals who can take part in regular activities safely, successfully, and with personal satisfaction are guided and encouraged to participate in regular and community programs where they participate with peers and classmates.

- Half-way House Or Intermediate Type Program--many individuals have the potential to take part eventually in regular programs but for the immediate present cannot. Something is lacking--confidence, experience, skills, emotional stability, social awareness, intellectual ability, physical condition, overall control. The half-way house approach serves to help this individual overcome such problems.

- Special Programs--some individuals have such severe, profound, and multiple conditions that they need long-range opportunities and experiences in special, segregated or sheltered programs. Individuals

in this group should not be considered permanently confined to special programs and activities--to consider such an approach is inconsistent with the concepts advocated throughout these Guidelines.

In general, special programs in adapted physical education include:

- Corrective, therapeutic, or remedial emphasis as part of habilitation or rehabilitation efforts.

- Adapted emphasis to help individuals make adaptations so that they can take part in regular programs or to make modifications in an activity so that a homogeneous group with one or similar conditions can participate.

- Developmental emphasis to include both preventative and remedial programs of basic activities including perceptual-motor, basic movement, and fundamental skills. Early childhood and infant stimulation approaches are representative examples of this level of program. Programs for elderly persons might also be considered as part of this emphasis.

Over the years different organizational patterns and administrative structures have been used for planning and scheduling adapted physical education classes. Within the context of providing full services to all children, regardless of type or severity of impairment or disability, each of the following approaches warrants consideration as school staffs evaluate existing adapted physical education programs or plan to introduce such programs in their schools.

- Separate class. When needs of certain students cannot be met in regular classes and numbers are considerable, separate classes may be justified. With increasing numbers of impaired, disabled, and handicapped children becoming the responsibility of public education, it may become necessary to think in terms of more not fewer separate classes, regardless of the size of the school. For some time in the immediate future, these classes may be necessary because of legislative mandates requiring programs for all impaired, disabled, and handicapped children to be appropriate, individualized, written, and periodically evaluated. In addition, as more severely and multiply involved children become the responsibility of public schools in least restrictive environments, the separate class may be the most appropriate initially. For some this may be a means of catching up with the separate class serving a half-way house function. The separate class may also serve students after they return to school after operation, accident, or illness. Virtually all secondary schools can justify at least one adapted class every period without increase in staff or any appreciable change in class size.[1]

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[1]Send information about your school--boys and girls enrolled in physical education by grade, number of class periods per day, number of men and women physical educators, number of boys and girls needing separate class placement with breakdown by conditions, number of periods taught by each instructor, number of indoor and outdoor teaching stations--to AAHPER Consultant, Programs for the Handicapped, 1201 16th Street, N.W., Washington, D. C. 20036, for an analysis of your situation.

- Dual Class. In this plan students with certain impairments or disabilities spend specified days each week in an adapted section concentrating on special needs and other days in a regular class participating with classmates and peers.

- Combined Class. In this plan able-bodied students along with individuals needing special assistance are assigned to the same class. Each student in the adapted program is assigned activities within the combined class on the basis of condition, abilities, and limitations.

- Flexible Plan. In this plan an impaired, disabled, or handicapped student is assigned activities in a special or separate class when it is not possible to participate safely, successfully, or with personal satisfaction in the regular program; the student is assigned to the regular class for activities in which he or she can compete with classmates. This differs from dual classes in that larger blocks of time--units, activities, modules--become bases for participation. It also affords students greater continuity to the program, provides more opportunities for students to develop skills, and enables greater emphasis upon attacking remedial conditions. In some situations certain students are assigned a given number of adapted classes per week to supplement their regular class period so that they receive more instruction, increased participation, and more individualized attention. This approach has a great deal of potential for the elementary school level and for students with specific learning disabilities associated with motor or perceptual-motor deficiencies.

- Home-School Program. When time and facilities of the school situation are extremely limited, a cooperative home-school program may be justified and initiated. School personnel review health and medical records, screen students, program exercises and activities according to regular policies and procedures and assist parents develop understanding of and competency in supervising exercises and activities. The program is conducted at home under the supervision of the parents with school personnel serving in an advisory capacity. Often this same approach can be used to supplement the school-centered adapted programs.

- Before or After School Programs. Opportunities before and/or after regular school hours can be used to supplement experiences provided during the regular school day. Special, developmental, or adapted activities can be a part of intramural programs and organized in ways similar to offerings during the regular school day. Many successful before and after school programs have provided both special and regular experiences in these areas for students in need of special attention and extra work.

Teachers, administrators, and supervisors responsible for organizing and administering adapted physical education programs need to assess advantages and disadvantages of these organizational patterns and select approaches most appropriate for their own situations. While it is difficult to generalize numbers which can be handled in any given situation, generally twelve to

fifteen students represent a realistic enrollment in a special or segregated class. In most any instance, twenty students should be the maximum permitted in these classes and then only with sufficient facilities, equipment, and teacher assistance. Another rule of thumb for self-contained classes of a single condition is the maximum number permitted by state law for that condition. Integrated, partially integrated, or resource situations function more effectively with a smaller number of special students in the regular class. In all situations, more attention needs to be given levels of physical fitness, motor development, physical proficiency, and sports skills rather than physical, mental, emotional, or social conditions. With these basic criteria in effect, adapted physical education classes will have the potential of serving <u>every</u> student in a school or system as personal situations and conditions dictate.

Careful organization in which attention is given the smallest detail is essential to the success of any adapted physical education program. Appropriate records accurately maintained are needed to assess daily progress to individualize activities according to changing needs of each student, and to make it possible for every participant to have a program designed according to specific needs. A well-developed, practical, and functional system of records can be very valuable to the instructor and aid in organizing, administering, and supervising the adapted program more efficiently and effectively. Ideally, an instructor should strive to give each student individual attention daily. In most adapted programs, even under the best of conditions, this is very difficult to accomplish. Generally, conditions are such that one instructor cannot work with each student every day since priorities within each must be established and followed. There are ways, however, in which an instructor can influence his or her knowledge of and contact with each student in the adapted program.

- Use student assistants from within the school regardless of its level--elementary, secondary, college, or university. Criteria can be developed locally related to selecting, training, and evaluating assistants individually and collectively.

- Use para-sub or non-professional personnel as technicians <u>under the supervision</u> of professionally prepared teachers to assist in specific aspects of the program.

- Capitalize upon the flexibility of modular schedules to increase the number of class periods and add to the kinds of organizational patterns possible to enhance the program.

- Develop schedules and patterns in which teachers only teach and as such are not responsible for supervising locker and shower room activities which are monitored by paid attendants. Even without modular scheduling this approach immediately doubles the number of class periods, reduces class size in half, and makes possible greater flexibility in scheduling so that more activities and additional individualized attention can be given students taking part in the adapted program.

- Recognize that an individual teacher does not need personal contact with a student everyday to influence his or her education Placing emphasis on the learner and learning rather than the

teacher and teaching makes the job of a teacher more difficult and more important. The teacher has a tremendous responsibility for obtaining appropriate resources and materials structuring the learning environment according to student needs and learning styles, and guiding the process so that learning is dynamic and ongoing. It is difficult for teachers to admit one never teaches another anything--you can lead a horse to water but can't make it drink!

With increased emphasis on individualized programs, exploratory approaches, problem solving techniques, parallel play patterns, and movement activities at the elementary school level, questions are raised as to which students in fact need special adapted physical education programs. Many teachers report as high or higher percentages of children from regular classes with physical and motor problems from special classes. As greater emphasis is given recreational, leisure, and lifetime sports, more schools move to selective and elective programs, and more children have high quality programs at elementary and junior high school levels, good guidance and direction can result in many special education senior high school students taking part in regular programs. Increasing need at this level is on corrective, therapeutic, or remedial programs for students with various physical impairments, orthopedic conditions, or multiple disabilities. The direction is not nearly as clear cut at intermediate, middle, or junior high school levels because of strong emphasis on team and competitive sports. Program directions and emphasis at this level necessitate additional study before definitive conclusions and positions can be made. Adminstrative and organizational flexibility are keys to successful programing at this level as at those above and below it.

Legislative mandates and court decrees require students to be placed in least restrictive environments or most normal settings feasible. This process is given different names--normalization, integration, mainstreaming. However, the concept of mainstreaming is often misunderstood or inappropriately defined. In an effort to resolve this dilemma and provide some direction the following definition is proposed:

> *Mainstreaming refers to the concept of providing appropriate educational service to impaired, disabled, and handicapped children, regardless of the level of involvement in a setting as near to traditional educational practice as possible.*

This definition does not --

- suggest a massive return to or placement of all children with learning problems in the regular grades.
- refer to separate settings as equivalent placements.
- mean the end of all self-contained special classes as a service vehicle for children.

This definition does suggestion --

- a continuum of service alternatives appropriate to allow placement of children as individuals not members of categories.

- some system other than the present dichotomy of either placement in regular class or placement in special class.

- that preventive service to children with potential learning problems is as important, if not more so, than interventive service to children who have already demonstrated their learning handicap.

- a need to integrate all levels of impaired, disabled, and handicapped children to the maximum extent possible. Integration may be only in non-academic areas, play areas, lunch areas, or through flexible scheduling which allows peer interaction between impaired, disabled, and handicapped and abled bodied children on a regular basis.

- a need for greater understanding of impaired, disabled, and handicapped children for all school personnel.

- placement of impaired, disabled, and handicapped children in their home district whenever possible to insure home and school common peer relationships.

- new roles for educational personnel in providing services to impaired, disabled, and handicapped individuals.[1]

Personnel

In addition to a solid foundation encompassing the same basic knowledges, skills, and competencies required of all physical educators, the specialized instructor in adapted physical education needs an especially good background in anatomy, kinesiology, physiology of exercise, physiology, movement exploration, motor learning, and therapeutic exercise. Today these instructors must be well versed and competent in such basic educational skills as diagnostic-prescriptive teaching, individualized prescriptive programing, criterion referenced assessment, and behavioral objectives as well as the intricacies of due process, equal protection under the law, confidentially of records, right to know, and admission-review-dismissal procedures. In addition, one should have an understanding of child and adolescent growth and development including a knowledge of various impairments, disabilities, and handicapping conditions--characteristics, causes, prognosis, education and social implications, medical and psychological aspects; particular emphasis needs to be given motor development and physical capabilities of those with different conditions.

Teachers must be dedicated to the importance of regular participation in physical activity by all children, youth, and adolescents, especially those with

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[1]Dale E. Coons. "Mainstreaming Defined." IRUC Briefings, Volume 1, Number 3, May 1976. p. 5. Washington, D.C.: American Alliance for Health, Physical Education and Recreation (1201 16th Street, N.W.).

various impairments and disabilities. Each must be imaginative, energetic, creative, resourceful, but most of all understand kids and activities. Often overlooked is the important role of the adapted physical education instructor in selling the program and in maintaining an appropriate and extensive public relations program.

Adapted physical education instructors should continue to promote and build an appreciation for and an understanding of the adapted program through the following activities:

- Take the initiative and develop the program.
- Present the program to the school administration.
- Attend meetings of local physicians to obtain their cooperation in and support of the program.
- Prepare articles, information releases, and bulletins for local newspapers to keep the public aware of the program.
- Encourage and assist personnel from the mass media--local television outlets and radio stations--in developing documentary and feature programs about adapted physical education, having students, parents, and staff on talk shows, and presenting activities and people on news and other appropriate programs.
- Send letters and reports to parents to keep them informed of the program in general and of their youngsters's progress in particular.
- Develop bulletins and information releases for administrators, supervisors and other members of the professional staff to keep them apprised of activities in and progress of the program.
- Develop programs for meetings of P.T.A.'s, civic, service, and other community organizations to make them aware of the program and roles they can play in supporting it.
- Prepare graphic exhibits including slide programs, videotapes, films, posters, and pictorial displays, and develop demonstrations to show the program and its participants in action.

Despite the importance of activities in public relations and public information, the instructor's major responsibilities are in organizing, administering, and supervising the day-to-day activities of each student and in seeing that all runs smoothly. Instructors must ascertain that every student:

- Has adequate and periodic medical examinations, screening tests, and other evaluation and assessment procedures to determine needs and assess progress.

- Is classified for and assigned to physical education upon the basis of results of a medical examination, other pertinent tests and observations.

- Participates in activities of a program designed to meet individual and special needs and based upon functional capacity or exercise tolerance, abilities, disabilities, and interests.

- Is reevaluated and reexamined periodically so that adjustments and changes can be made in program as changes in condition are noted.

- Has accurate and up-to-date records on condition and progress in various activities within the program; maintenance of cumulative records and program folders on each student are important devices in assessing progress and evaluating effects of the program upon the participant.

- Is given opportunities to take part in those activities of the regular program in which he or she can safely, successfully, and with personal satisfaction participate.

Other responsibilities and functions of an adapted physical education teacher include: [1]

- Consult with other specialists and members of the staffing team when individual cases warrant.

- Assume responsibility for all consultation with the school physician when professional medical advice is needed.

- Assess and evaluate the physical and motor status of individuals with various impairments, disabilities, and handicapping conditions.

- Develop (design, plan), implement (conduct) and evaluate diversified programs of physical education for individuals and groups with various impairments, disabilities, and handicapping conditions.

- Participate in interprofessional situations providing special programs or services for individuals or groups, including coordination of such services for a program.

Debate continues to rage regarding roles of physical educators in general and adapted specialists in particular as related to special populations. At the present time certification is virtually nonexistent. Specifically--

- Only one state has a special certification requirement in this area and that for remedial physical education instructors for physically impaired minors. Identification of competencies is very weak, and virtually non-existent in regulations governing programs in this state.[2]

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[1]For an in depth discussion of competencies for adapted physical education specialist teachers, supervisors, and college/university personnel see Guidelines for Professional Preparation Programs for Personnel Involved in Physical Education and Recreation for the Handicapped (Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1201 16th Street, N/W.), February 1973. pp. 11-28.

[2]Dexter, Genevie. Instruction of Physically Handicapped Pupils in Remedial Physical Education, 1973 edition. Sacramento, California: California State Deparment of Education.

- Several states have a dual certification in which teachers working in physical education programs with special education students must be qualified in both subject areas or disciplines.

- Several states require personnel working in physical education programs with special education students to be certified only in special education.

- About one-fourth of states do require a basic adapted physical education course for certification of all physical education teachers.[1]

- The American Corrective Therapy Association maintains a rigid certification program of voluntary registration, including examination, for its members.[2]

Increasingly paraprofessional personnel and those from other disciplines--occupational therapy, physical therapy, dance therapy, art therapy, music therapy, horticulture therapy, activity/adjunctive therapy--are becoming actively involved in education, training, habilitation, and rehabilitation programs focusing on physical and/or recreational activities. Clear identification of specific functions and roles of personnel from each of these specializations is urgently needed. Recently representatives of professional associations representing most of these disciplines have been meeting periodically to deal with role identification, overlapping functions, and duplication of effort. Liaison, coordination, and cooperation among these groups are desired outcomes from these meetings. In some states personnel from these fields can work directly in school programs without being certified as teachers as long as criteria of their own professional associations are met.

New and evolving roles of personnel directly involved in physical education, recreation, and sports for special populations need reevaluation and redefining. In addition to teacher-specialists in corrective/therapeutic/remedial, adapted, and developmental physical education, special resource personnel are needed to work with regular physical education, and classroom teachers as well as with special education personnel. Special supervisory personnel need to be considered at all levels--state as well as local. College/university and research personnel in these areas need to come from individuals with appropriate and significant background and experience in these areas. Too many personnel preparing teachers and leaders and conducting research have not had sufficient firsthand practical experience in the field to provide meaningful and relevant experiences for their students and to conduct studies zeroing in on real needs and applicable for live situations.

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[1]Physical Education and Recreation for the Handicapped: Information and Research Utilization Center (IRUC). State Provisions and Regulations for Physical Education for the Handicapped. Washington, D.C.: IRUC, 1974. p. 13.

[2]American Corrective Therapy Association, Kirk Hodges, President, 6622 Spring Hollow, San Antonio, Texas 78249.

Basically, two simple questions need to be asked regarding requisite competencies to work with special populations in these areas:

- What competencies, including knowledges, skills, appreciations, and attitudes, are necessary to be an effective physical educator? Coach? Aquatic Instructor?

- What competencies above and beyond those listed above are needed to work with special populations in each of these areas? Related areas? To be effective in adapted physical education?

Level and type of professional preparation for these areas bring little basic agreement. Some personnel feel specialization is appropriate at the undergraduate level; others feel that specialization should be reserved for graduate levels and built upon a solid undergraduate foundation. A career ladder is advocated by others with each step leading to and interlocking with ones below and above.

While some few colleges and universities provided graduate opportunities in one or more of these areas, the advent of federal funds brought about an increase in the number of involved institutions. Most funded programs are at graduate levels and emphasize training high level college/university leadership personnel. Most graduates from these programs go to college/university supervisory or administrative positions.

At least one of these personnel preparation programs has concentrated on training personnel at the junior or community college level. Other institutions at this level have developed aide, technician, or paraprofessional training programs on their own; still others are exploring possibilities in these areas.

With increasing emphasis on mainstreaming, more consideration has to be given basic understandings and appreciations of regular physical education personnel. Some states already require a general survey course dealing with exceptional children for all teachers, counselors, administrators, and supervisors. This is an experience that should be required of all physical education majors regardless of their direction or area of specialization. In addition, a basic course in diagnosis of motor/physical problems and prescription of appropriate remedial activities (adapted physical education) should be required of all physical education majors. Direct firsthand experience is important with each of these requirements; a portion of practice teaching, internship, practicuum, or other field experiences should also be spent in working with special populations. The benefit of such an approach will result in more sensitive, understanding, and competent teachers. With other competencies required to attain a solid foundation in the basic area, this approach enables generalists to deal with minor problems in regular programs. They develop appreciation, understanding, and empathy, along with sensitivity to unique abilities and disabilities of each participant. They know who to refer to whom when necessary. This provides a sound base on which to build a graduate specialization.

Personnel already in the field have opportunities to participate in many different kinds of inservice programs.

- Types--conferences, conventions, meetings, workshops, clinics, institutes, seminars, orientation sessions.
- Duration--part of a day to several weeks or months.

- Sponsors--colleges/universities, school systems, individual schools, residential facilities, day care centers, mobile units, private agencies, parent/volunteer groups, professional associations, federal/state/local governmental departments, special projects, foundations, camps.

In general, few professional physical educators have been actively involved in sports programs for special populations. While some increase in the last two or three years has been noted, insufficient attention has been given to this area in most professional preparation programs. Many general inservice programs have done little more. As a result most special sports programs have grown through efforts of specific groups which sponsor, organize, administer, and supervise these programs. Some of these groups hold coaching clinics in activities they sponsor. This is an area not only in need of greater professional attention but more active involvement of impaired and disabled persons in leadership positions. Areas with implications for professional preparation programing include:

- Increasing numbers of physically impaired going into public school programs.
- Larger numbers of severely and profoundly mentally retarded and multiple impaired persons becoming the responsibility of public school personnel.
- Emphasis on infant stimulation, early childhood, and parent intervention programs.
- Possible mandate for certified athletic trainers in all schools participating in athletic programs.

Facilities, Equipment, and Supplies

Architectural barriers, despite federal, state, and some local legislation requiring that all facilities be accessible, and attitudes of many people toward special facility and equipment needs, are among greatest and most pressing problems in adapted physical education. Many communities and states still emphasize isolating special populations in segregated facilities or in special classes in regular schools. Groups still superimpose their wishes on special populations whether these approaches and procedures are appropriate or desired by the group. Many facility and equipment modifications are not wanted or needed. On the other hand, basic accessibility still remains a major problem. Special projects, task force groups, advisory panels, planning committees, and countless other groups explore problems of facilities and equipment for special groups. Unfortunately very few of these groups have involved or even asked input from or opinions of those who are to be most directly involved--consumers and their families. As a result--

- Some playgrounds designed for severely and profoundly retarded adults can best be used by Marine Commandos!
- Braille trails go unused by the blind!

- Totally accessible facilities are found to be far from totally accessible!

- Countless millions of dollars are used to build special facilities not needed or wanted by the group for which they were designed!

- People are ripped off unmercifully by guarantees that don't exist and expensive devices that can be obtained free or made inexpensively!

Much extensive and expensive special facilities are unnecessary. Participants want to take part in programs conducted in facilities that are as little different from those used by their peers and contemporaries as possible. Basic accessibility is the key to use by even the most severely and multiple involved person. Legal, moral, and ethical reasons exist to take this fact and follow this approach. So many of the most practical, functional, and realistic adaptations have been initiated by consumers themselves. Consumers must be involved--we must listen and heed what they say.

Realistically some special provisions in facilities, equipment, and supplies may have to be made in some situations for adapted physical education. However, schools without special facilities, equipment, and supplies can initiate and carry on quality adapted physical education programs if personnel responsible for physical education are resourceful, original, and creative. While meeting immediate needs of students with innovative and inventive approaches, the staff can work with administrators, supervisors, parent groups, and interested professionals to obtain desired facilities, needed equipment, and adequate supplies. Some outstanding adapted physical education programs in the nation started on financial and facility shoestrings with no special room or place to call their own. Interested and dedicated instructors saw the need, carried the ball, and wouldn't take no for an answer--from humble beginnings have come outstanding and exemplary programs in which education for all is exemplified.

Many schools, elementary as well as secondary, make provisions for adapted physical education with special rooms in new buildings and with special additions to existing facilities. Physical educators increasingly are asked to design special facilities for adapted physical education and to recommend equipment and supplies for outfitting these facilities. The following list is offered as a guide to personnel planning and equipping adapted physical education facilities. This list is not intended to be all inclusive; it should not be looked upon as a model or prototype for all facilities or for all programs. Items listed are representative examples of equipment and supplies which have been used successfully in some adapted physical education programs at all levels across the nation. Careful review of these items reveal that many of them can already be found in existing school supplies, on requisition order forms, and in school system warehouses. Many of the special pieces of equipment or supplies are designed for and appropriately used in corrective, remedial, or developmental aspects of the program. Thought about these listings indicate further the number of activities in which impaired, disabled, and handicapped children can participate with their peers and classmates in regular classes.

The physical educator should study and evaluate carefully the school population to determine conditions which are to be served through the adapted physical education program so items best suited to meet specific student needs can be recommended. Not

all special items of equipment and supplies have to be obtained at once since needs of the current population should influence decisions regarding immediate priorities. Implications of full service programs for all students in least restrictive environments must also be considered when selecting equipment and supplies for these programs. Additional items can be added in subsequent years as populations needs change and different kinds of equipment and supplies are required.

Permanent Installation[1]

Axial Resistance Exerciser
Black-out Curtains
Built-in Book Cases
Bulletin Boards
Climbing Ropes
Horizontal Ladder
Lattissimus Dorsi Exerciser
Mat Hooks
Mirrors (full length) and/or three ways)
Multi-Station Gym Unit
Peg Boards
Rotary Wrist Machine
Shelves and Racks for Storage
Shoulder Abduction Ladder
Shoulder Wheel
Stall Bars
Still Rings
Treadmill
Wall Horizontal Bar (Adjustable)
Wall Parallel Bar
Wall and/or Floor Pulleys (Duplex, Triplex, Chest)
Whirlpool
Wrestling Wheel
Wrist Circumductor
Wrist Pulley
Wrist Roll and/or Wrist Roll Pulley

Resistance Training and Remedial Equipment

Ankle and Leg Exerciser
Barbells
Calipers
Chest and Back Pulleys
Cuffs (ankle, thigh, wrist)
Dry Spirometer
Dumbells
Dumbells Racks
Dynamometer (hand, back-leg)
Exer-Ball
Exercise Boots
Exer-Genie
Expansion Springs (hand, grip, chest, exercises)
Fat Calipers
Foot Inversion Tread
Goniometer
Heel Stretcher
Hip Circumductor
Incline Abdominal Board
Isometric Apparatus
Leg Press Machine or Bar
Medicine Balls (Assorted weights and sizes)
Medicine Ball Rack
Press Benches
Quad Boots
Quadriceps-Hamstring (NK) Units
Straps (head, shoulder, scapula)
Tensiometer
Tension Handgrips
Weight and barbell storage racks
Weights (assorted sizes)
Weight Jackets
Weight Sandbags
Weighted Shoes and/or Insoles

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[1]A comprehensive list of Suppliers of Physical Education and Recreation Equipment and Materials is included in this Guide, page 113.

Recreational Games*

BB Riflery
Bean Bag Games
Bowling Games Sets
Bicycles
Casting Equipment
Croquet Sets
Dart Games (suction, regular)
Deck Tennis
Hockey Sets
Horseshoes (rubber, regular)
Paddle Tennis
Quoits
Roller Skates
Scoop Ball Sets
Shuffleboard
Table Tennis
Tetherball (regular, miniature, table)
Twister

*In most instances the adapted student capable of participating in archery, badminton, golf, tennis, volleyball, and similar recreational activities should be scheduled for them in a regular class.

Gymnastic Equipment**

Balance Beam (adjustable)
Horizontal Bar
Low Parallel Bars
Minni-Tramp
Parallel Bars
Side Horse
Trampoline
Turning Bar
Vaulting Box

**Gymnastic equipment is used for specific purposes with individual students in the adapted program. Adapted students capable of participating in most gymnastic activities should be scheduled for them in a regular class.

Audiovisual Materials***

Camera
Movie Camera
Movie Projector
Overhead Projector
Phonograph
Phonograph Records
Slide Projector
Tape Recorder
Videotape Recorders and Viewers

***Obviously these items do not have to be exclusively for use in adapted physical education programs. However, they need to be available on a regular basis.

Miscellaneous

Anatomical and P y ological Charts of Body Systems
Assorted Books and Periodicals
Balance Boards
Cage Balls
Exercise Tables
Exercycles and/or bicycle exercisers
File Cabinets
Foot Slantboard
Grid Posture Screen and Evaluation Kit
Gym Scooters
Indian Clubs
Jump Ropes
Mats
Metronome
Punching Bags (speed and heavy)
Restorators
Reaction Timers
Rowing Machines
Scales
Stall Bar Benches
Stop Watches
Timers
Wands

Additional factors which must be considered in equipping an adapted physical education facility include school level (elementary, intermediate/middle, junior high, senior high, college or university), setting (public school, private school, residential facility, day care center, hospital, special facility), background training and experience of personnel available to conduct the program, school and system philosophy regarding integrating or mainstreaming these students in regular classes, funds available, administrative support for the program, and medical cooperation for the program. Specific items of equipment and supplies listed above are simply suggestive and representative of some pieces which should be considered--final selections must be governed by local priorities and determined after evaluating all pertinent factors.

While the adapted physical education program cannot and should not be compromised, many personnel are confronted with having to make a decision between no program until sufficient equipment and supplies can be obtained and an immediate program with what is available in the way of equipment and supplies. Judicious planning in which existing materials are used optimally will help get a program underway. Consideration should be given to utilizing multi-station gym units in these programs. Several stations are available in a limited area so a great deal of flexibility can be established in the program whatever its organizational pattern or structure. The versatility of these units makes them more economical than actual dollar and cents cost.

In addition a creative and innovative instructor will find ways to improvise and construct other needed items of equipment along with specific pieces designed to meet unique needs of certain students. This process is needed even in a well equipped program since every instructor at one time or another is confronted with a youngster whose condition is such that neither conventional nor traditional equipment nor usual modifications and adaptations will suffice. Here is where inspiration and need are truly the mother of invention.

Classifying Students

Generally, students capable of attending school and taking part in activities of a total educational program can derive benefit from participating in a comprehensive physical education program. Classification for special classes organized for pupils who are unable to participate safely, successfully, or with personal satisfaction in the unrestricted activities of a regular program is based on many factors. Classification based on functional capacity has much merit and should be carefully considered:

- Unrestricted - no restrictions relative to the vigorous or types of activities.
- Restricted - condition is such that intensity and types of activities need to be limited.
  - Mild - ordinary physical activities need not be restricted, but unusually vigorous efforts need to be avoided.
  - Moderate - ordinary physical activities need to be moderately restricted and sustained strenuous efforts need to be avoided.
  - Limited - ordinary physical activities need to be markedly restricted.

This classification system is adapted from one recommended by the American Heart Association and recently approved by the Committee on the Medical Aspects of Sports of the American Medical Association.[1] Classification and definitions are expressed in terms of both vigorous and ordinary physical activities to improve communication among and use by all individuals a part of the adapted physical education program.

This framework gives instructors great flexibility in selecting activities and in developing a program to meet needs of each individual student. An instructor is not limited or restricted as when activities are specifically designated; traditional activities can be adapted, innovations made, and new activities introduced to provide broader opportunities and experiences attuned to each student's interests, abilities, and limitations. The program is tailored for the individual rather than hammering him or her into a predetermined existing program. Instructors can draw upon their background, experience, training, and initiative to make physical education truly an educational experience for every student. Both instructor and student can remain highly motivated, interested, and involved in the program. The intensity of activity as reflected by each student's functional capacity establishes limits and bounds for the program.

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[1]"Adapted Physical Education Form Endorsed by AMA." IRUC Briefings, Volume 1, Number 2, January/February 1976. Physical Education and Recreation for the Handicapped: Information and Research Utilization Center (AAHPER, 1201 16th Street, N.W., Washington, D.C. 20036).

Referral, Evaluation, and Records[1]

Regardless of ways in which classes are organized to reduce teacher-pupil ratio, carefully kept day-to-day records are necessary. However, all records must be functional, facilitate instruction, and contribute to fulfilling objectives of the program. Maintaining records not conducive to these ends is busy work and cannot be justified. Individual folders kept on each student should include (1) referral forms, (2) records of additional tests, evaluative instruments and diagnostic measures, and (3) records of daily program, specific progressions, and activity exercise regimens.

Referral Forms

A referral form (Form 1)[2] from family physician, attending specialist, or school medical personnel with the diagnosis of the student's condition, functional capacity or exercise tolerance level, an indication of areas of the body for which activity should be increased, minimized, or eliminated, and recommendations for specific corrective exercises or remedial activities is a necessity. Special notation of other pertinent information should be added by the instructor from the student's permanent health record and from personal observations of the student in action. Results of diagnostic tests are helpful in developing a student's program, evaluating progress, or motivating for more active participation in the program.

This physical education medical referral form does not ask a physician to recommend specific activities for a student as has been the practice for so long. Many personnel involved in adapted physical education have found physicians reluctant to prescribe exercises or activities. Better results occur when physician and teacher work cooperatively in this area. This form provides opportunities for the physician to provide diagnostic information about the condition, make general recommendations to establish the framework and limits of the program, and offers a prognosis about the individual and the condition. Physical educators are responsible for completing details of the program, selecting specific activities, and determining exact methods since this is their area of specialization and competence. All sections of this form and information requested are designed to help an instructor individualize the program and activities according to student needs. This referral form enables physician, adapted physical education instructor, parents, and others interested and concerned with the student to work together for the

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[1] All forms discussed can be found in sequential order at the end of this section.

[2] See "Adapted Physical Education Form Endorsed by AMA," IRUC Briefings, Volume 1, Number 2, January/February 1976, p. 4, and "Referral Forms for Adapted Physical Education," Journal of Health, Physical Education, and Recreation, January 1969, for more detailed discussions of referral forms in general and this one in particular.

mutual benefit of the youngster. This form, recently endorsed by the Committee on Medical Aspects of Sports of the American Medical Association, has been used successfully in both secondary school and college adapted physical education programs. It has been accepted as a standard for admission into adapted physical education in at least one state and in many individual schools and school systems throughout the country. Physicians involved in programs where the form has been used have been very enthusiastic, supportive, and positive in their comments about its contributions to upgrading adapted physical education programs and in truly meeting needs of individual student. However, as with any form, it is vital that this one and the program itself be interpreted and reinterpreted to physicians.

Greater program flexibility is possible with this form since students do not have to be locked into a special program for all activities; the form can be adapted for and used in recreation, aquatic, and other program areas. The form itself promotes student participation in activities within regular programs whenever possible and provides necessary guidance for special arrangements when necessary. Emphasis is upon individualizing according to unique needs of each student so that scheduling can be appropriately planned and implemented in least restrictive environments; this was not possible with forms that dictated specific activities in which individuals could and could not participate. Provisions are made whereby specific remedial programs or regimens can be provided by an attending physician. Obviously, close communication between physician and physical educator must be maintained to insure continued appropriate programming for each student.

Other materials used in communicating with physicians are shown in Forms 2, 3, and 4. A letter (Form 2) from the school physician is an effective way to describe purposes of adapted physical education, outline types of students for whom classes are designed, emphasize need for teamwork and cooperative relationships between personal physician and teacher, and list adapted physical education teacher. Findings and recommendations of the physician are presented in slightly different ways on Form 3. An additional form (Form 4) provides information to guide program development.

It is imperative that parents be aware of an involved in the admission, referral, and placement process. Often parents do not understand purposes of adapted physical education, reasons their child is recommended for the program, or what to expect from adapted physical education, and their roles in the program. In addition to written communication such as the letter in Form 5, it is important to maintain direct contact with parents through regular reporting procedures, personal conferences and periodic telephone calls. The importance of parental support for adapted programs in general and for participation of their children in the program cannot be over emphasized.

In some programs information from the medical referral form is summarized and included in the student's individual record folder along with exercise regimens, procedures, and program changes (Form 6). Another way of recording this information is shown in Form 7.

Since a large segment of students needing adapted physical education consists of youngsters with specific motor problems, low levels of physical fitness, and perceptual-motor problems, provisions must be made for instructors to recommend students for placement in the adapted program. A sample of one such form is shown in Form 8. A letter to teachers and associated referral form used in an elementary

school physical education program are shown in Forms 9 and 10 respectively.

Careful control must be exercised so adapted physical education classes do not become overcrowded to insure adequate individual attention for each student. Conversely, available space in these classes should not be wasted because of inadequate provisions; to make staff members aware of these openings in this program should be considered and structured into its operation. One approach is shown through the content of Form 11.

Personal Data Forms or Health Habit Questionnaires are often overlooked as effective and efficient means of obtaining information about students, their background, experience, and habits. Some forms have been professionally developed and are available commercially (Form 12). However, many instructors develop their own forms (Form 13) according to needs of their programs. The Wetzel Grid (Form 14) is another device which can be used by adapted physical education instructors. This Grid can help predict appropriate weight for overweight or underweight students, suggest caloric intake for individuals, provide anthropometric information, and include other pertinent data about the individual.

Records of Additional Tests, Evaluative Instruments, and Diagnostic Measures

These records can be valuable in assessing the present status of students, determining appropriate starting dosages and progressions for exercises and activities--repetitions, sets, rest intervals, intensities, and ranges of motion--evaluating progress, changing activities, approaches, methods and procedures, and motivating students in their efforts to improve. No set pattern can be established for interval between evaluation and testing sessions since this depends upon the condition, its severity, evaluative instruments, size of classes, and similar factors unique to each situation and individual. Instructors must not overlook activities within the daily program as important means of determining progress and for motivating greater student effort and participation.

Records and forms of this type must be designed to reflect special and specific needs of each student who at a glance can see progress or lack of it. In addition, a student is able to determine areas in which greater effort and special attention are needed. For example, Form 15 provides information about various aspects of physical fitness as measured by the AAHPER Youth Fitness Test. Comparisons of periodic tests indicate improvement--or lack of it--by a student; entries can be made according to actual performance (raw score) or national norms (percentiles) for each event. Additional information includes student's weight, height, age, selected measurements (arm, leg, chest, waist), and notations about the exercise program. A similar approach using different measurements is shown in Form 16. These same approaches can be used with AAHPER/Kennedy Foundation Special Fitness Test for Mildly Mentally Retarded Children. However, Special Fitness Record Forms (Form 17) are available for use with this program.[1] An approach for recording cumulative data about an individual student over a period of years is shown in Form 18.

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[1]Similar forms and other approaches for recording and profiling this type of information can be found in Special Fitness Test Manual and Motor Fitness Testing Manual for the Moderately Mentally Retarded, AAHPER Publications Sales, 1201 16th Street, N.W., Washington, D. C. 20036.

In many instances tests and other evaluative measures are administered periodically but instructors fail to interpret results to students. Consequently, many participants in adapted--as well as regular--physical education programs are at a loss as to what test items measure, what scores mean, and how students are actually doing. Since raw scores on many physical education measures are not comparable, various standard scores are used to place these dissimilar measures on a common scale. Many types of standards scores are used--T-scales, stanine ranks, percentiles, z-scores. Unfortunately these scores seldom mean much to a student unless meanings are presented and interpreted to them. While the chart in Form 19 is not intended to replace formal sessions or informal conferences with students or parents, it is one way in which a student or parent can obtain a graphic picture of strengths or weaknesses. An individual can determine at a glance standing and progress in each of the listed items. While this chart has been developed for specific measures of physical fitness, the concept and approach can be used with other measures. Form 19 on the reverse side shows which is used to record both raw and normative data on test items graphically depicted on the other side.

A major consideration in certain aspects of adapted physical education classes is careful control and notation of intensity of activity for individual students. Progress in attaining higher levels of cardio-respiratory endurance and fitness within limitations of an individual's tolerance level is a major concern of many of these programs at all levels. Careful control and well-organized, easily administered and maintained records that show such progress are vital to meeting a student's particular and specific need. Each student has to be approached differently so that specifics of an individualized program can be recorded and evaluated; Form 20 provides space to write-in specific activities along with information about performance and progress. Certain measures--pulse rate in reclining, sitting, and standing positions before and/or after running; step test results; measurements of body parts such as chest, biceps, wrist, thigh, calf; measurements of body parts such as chest, biceps, wrist, thigh, calf; height; weight--may be needed and valuable for most all students. Form 21 presents one systematic approach for obtaining and recording these measures. In addition, information about progress on the exercise bicycle is included on this form with place for time of cycling, distance covered, speed maintained, and amount of resistance applied on the wheel. This approach and the process can be applied to other types of skills, movements, and patterns that are integral to successful participation in adapted physical education. For example, fitness characteristics discussed could be replaced by sport skills, motor ability, perceptual-motor development, or psychomotor function items.[1]

Circuit training along with many adaptations and modifications have been used successfully in adapted physical education programs. Careful and systematic approaches to show progress, control exercise level, and evaluate effectiveness of a circuit for an individual are needed. Most circuit programs are developed on the basis of maximum effort over the circuit; training levels are computed on the

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[1]Detailed discussion and examples of these can be found in Testing for Impaired, Disabled, and Handicapped Persons, AAHPER, 1201 16th Street, N.W., Washington, D.C., 20037, n.d.

basis of a percentage of maximum performance on each item included on the circuit. Form 22 provides a simple way of maintaining necessary records for circuit programs. This information makes it possible to use circuit items as stations in other organizational patterns for these progressions. As has been evident in these forms, simplicity, flexibility, and adaptability have been emphasized. In this way, individual instructors can make needed changes with a minimum of time and effort and students can use and interpret information contained and presented.

Records of Daily Program, Specific Progressions, and Activity-Exercise Regimens

As instructors become more familiar with their individual situations and kinds of conditions with which they deal, each will be in a better position to determine special forms to facilitate programs and aid students. For some students a blank form (similar to Form 20) on which activities are filled in will be appropriate; for others, a set pattern (i.e., Williams Series for certain back problems - Form 23) is needed; some require combination approaches. Additional forms showing ways in which this concept can be applied in practice are shown in Form 21 (Quadriceps-Hamstring Series), Form 22 (Wrist Stretching Exercises), and Form 23 (Strengthening Exercises for Feet and Legs). Instructors should review daily the program sheet of each student and then make necessary changes, whatever they may be, in time for the next period. In many instances certain progressions are a part of a sequential series, each outlined on a specific sheet and inserted into the student's folder at the appropriate time. Instructors must gear progressions according to progress of the individual student and not by pre-determined recommendations which dictate and often limit the speed at which a student moves through specific portions of a program. Criterion referenced procedures and techniques are very appropriate for use in these instances.

Definite procedures, including appropriate forms, should be developed to transfer students between adapted and regular classes for appropriate activities. An example of a form designed for this purpose is shown in Form 27.

Provisions made on the Physical Education Medical Form (Form 1) request the referring physician to indicate Date Pupil Should Return for Reexamination. When such a time falls during the school year instructors should have means of communicating with the physician at the time of the reexamination (Form 28). If direct personal contact is not felt necessary, appropriate information and changes in diagnosis and/or recommendations can be incorporated into this special form. Many times instructors will note unexpected progress and unanticipated gains which require a student's reexamination and reevaluation before the time designated by the physician. In these situations a means of referring the individual to the physician and in communicating with him or her is necessary. Again, a simple form stating the case and situation can be effectively used; a sample of one such form is shown in Form 29.

It may seem that these procedures involve a lot of paper work, time and effort; they are not nearly as time consuming as they appear. With current legislative mandates requiring appropriate, individualized, written, and periodically evaluated programs for all impaired, disabled, and handicapped children,

nothing less than this can be accepted or justified. Most all forms can be completed in a very short time by an instructor and reviewed quickly as student folders are checked and used by all personnel interested in and working with the student. Contributions of organized and systematic efforts to make adapted physical education programs meaningful and functional for students more than justify the means. Every school system, school, and individual instructor will find ways to streamline these forms and procedures to best suit each particular situation. Concerted action is necessary if instructors are to do a quality job and provide the kind of adapted physical education programs their students need and deserve. There is no short cut--successful programing requires thought, planning, evaluation, execution, and effort!

FORM 1

ANY CITY PUBLIC SCHOOLS
SCHOOL HEALTH DEPARTMENT
PHYSICAL EDUCATION DIVISION

Physical Education Medical Referral Form
ASAW #1313-1975

Dear Dr. _____:

(This space can be used for information about state/local physical education requirements, rationale of adapted physical education, objectives and benefits of local programs, organization and administration of local classes, purposes and uses of this form and related areas to improve understanding and communication among physicians, physical educators, parents, and others concerned with and involved in the education, health, and welfare of the student. Procedures for returning the form can be included in this section or at the end of the form.)

John J. Jones, M.D.
Director, School Health Department

George T. Smith, Supervisor
Division of Health, Physical
Education and Athletics

STUDENT INFORMATION

NAME _____ SCHOOL _____
HOME
ADDRESS _____ City _____ State _____ Zip _____
HOME
TELEPHONE ( ) _____ Grade & Section _____

CONDITION

Brief description of condition

Condition is /__/ permanent /__/ temporary

Comments _____

_____

If Appropriate:
Comments about student's medication and its effects on participation in physical activities

_____

_____

Student may return to unrestricted activity _____, 19__

Student should return for reexamination _____, 19__

FUNCTIONAL CAPACITY

/__/ Unrestricted - no restrictions relative to vigorousness or types of activities

/__/ Restricted - Condition is such that intensity and types of activities need to be limited (check one category below)

/__/ Mild - ordinary physical activities need not be restricted but usually vigorous efforts need to be avoided

/__/ Moderate - ordinary physical activities need to be moderately restricted and sustained strenuous efforts avoided

/__/ Limited - ordinary physical activities need to be markedly restricted

(continued on reverse side)

FORM 1

ACTIVITY RECOMMENDATIONS

Indicated body areas in which physical activities should be minimized, eliminated, or maximized.

	Maximized	Minimized	Eliminated	Both	Left	Right	Comments Including Any Medical Contraindications to Physical Activities
Neck							
Shoulder Girdle							
Arms							
Elbows							
Hands & Wrists							
Abdomen							
Back							
Pelvic Girdle							
Legs							
Knees							
Feet & Ankles							
Toes							
Fingers							
Other (specify)							

REMEDIAL

☐ Condition is such that defects or deviations can be improved or prevented from becoming worse through use of carefully selected exercises and/or activities. The following are remedial exercises and/or activities recommended for this student. (Please be specific).

_____

_____

_____

_____

_____

_____

_____

_____

Signed _____ M.D.

Address _____

_____ Zip _____

Telphone No. ( ) _____

Date _____ 19 ___

FORM 2 -- LETTER FROM SCHOOL PHYSICIAN

INDIANA AREA SCHOOL DISTRICT
INDIANA, PENNSYLVANIA

October, 1967

Dear Dr.

According to our records you are treating or have treated students of the Indiana Area School District. The occasion may arise when a patient should not be participating in the regular physical education activities. Recognizing that all children differ in physical abilities and needs, the Indiana Area Schools are offering an adapted physical education program.

A number of children have congenital or residual problems stemming from some disorder. Not permitting their participation often causes emotional problems or feelings of inadequacy to develop.

It is the goal of this program to present activities that will enable all children to participate within their own capabilities. Thus, this will eliminate the need for complete exclusion from physical activities which is in accordance with the Pennsylvania State Mandate. This may be accomplished by modifying existing activities to limit the intensity, magnitude and duration of the activity. Special classes have been scheduled for individual and small group instruction for developmental, low skill and remedial activities. A program will be designed according to your diagnosis and recommendation. If you desire to have the school physician's aid in developing a program, this may be arranged.

With your aid, we feel we may offer a much needed phase of physical education by developing a program for this child, rather than forcing a child into the program.

Enclosed are copies of the diagnostic form that you may complete to serve as a guide in planning the child's activities. Any inquiries may be directed to:

Royden P. Grove, Adapted Physical Education Teacher
Eisenhower Elementary School
1460 School Street
Indiana, Pennsylvania 15701

Sincerely,

Henry Mitchell M.D.

Henry Mitchell, M.D.
School Physician

HM:el
enc.

FORM 3

INDIANA AREA SCHOOL DISTRICT

ADAPTED PHYSICAL EDUCATION FORM

Date_____

Dear Dr. _____:

All pupils enrolled in the Indiana Area School District participate in physical education activities which are designed to meet the growth and developmental needs of boys and girls. These activities are to be adapted to meet the needs of the individual pupil. Thus a pupil who is unable to participate in a whole program, due to a specific physiological condition, should have his program modified to meet and/or to improve his condition. To identify specific needs of each pupil, the physician, parents, and school personnel must work cooperatively. Will you please provide us with the information listed below so that we can provide appropriate activities for _____?
(pupil's name)

FINDINGS AND RECOMMENDATIONS TO THE SCHOOL

I have examined _____and find the following handicaps: _____

I recommend the following: (Check appropriate item or less)

_____ 1. No restriction on any type of activity.

_____ 2. Participation in all activities with the exception of intramural or interschool athletics.

_____ 3. Adaptations in physical education to fit individual needs.

_____ a. Little running or jumping
_____ b. No running or jumping
_____ c. No activities involving body contact
_____ d. Exercises designed for rehabilitation
_____ e. Conditioning exercises

_____ 4. Other Adaptations: (specify) _____

_____

_____

_____ 5. The following remedial or corrective work is also suggested for the above mentioned pupil: _____

_____

_____

(if necessary, please attach additional instructions to this form)

I recommend the adaptation for a period of _____weeks, months, semester.

Date _____Signature_____

Address_____

Please mail this form to: Royden P. Grove
Eisenhower Elementary School
1460 School Street
Indiana, Pennsylvania 15701

Form 4

ADAPTED PHYSICAL EDUCATION ACTIVITY GUIDE

A Guide for the Teacher and Physician
In Planning a Restricted Program of Physical Education

Pupil_____ Date_____

School_____ Teacher_____

Adapted Physical Education

I. MOVEMENTS	OMIT	MILD*	MODERATE**	UNLIMITED	REMARKS
Bending					
Climbing					
Hanging					
Jumping					
Kicking					
Lifting					
Pulling					
Pushing					
Running					
Stretching					
Throwing					
Twisting					

II. Exercise	OMIT	MILD*	MODERATE**	UNLIMITED	REMARKS
Abdominal					
Arm					
Breathing					
Foot					
Head					
Knee					
Leg					
Neck					
Trunk					

*Very little activity
**Half as much as the unlimited program

III. ACTIVITIES	YES	NO	REMARKS
Running games			
Games-standing but no running or jumping			
Sitting games			

PHYSICIAN'S APPROVAL AND RECOMMENDATIONS

Approved_____ Recommended until_____ 19_____

Comments:

Date _____ Signature of School Physician -_____

FORM 5 -- LETTER TO PARENTS

Indiana Area School District
Indiana, Pennsylvania

September 4, 1973

Dear Parent:

This is the seventh year that the Indiana Area School District has provided an Adapted Physical Education Program for the children in the elementary schools. In order to determine what children will benefit from this program, a screening examination must be conducted with all students new to the district this year and children that enrolled in the Indiana Area Elementary Schools following September of 1972. With so many children to screen, your help is needed to make this as efficient as possible. The examination will be conducted by the elementary adapted physical education teacher during a specially designated time of the school day.

The test will be conducted at the Eisenhower Elementary School on Wednesday, September 5, 1973. Please have your child bring shorts to school on this day. We will provide sufficient time and a proper place for the children to change clothes before and after the period.

This program aims to help any child that will benefit from a more specialized type of physical education class designed to meet his or her needs. If your child is under treatment, or may be in the near future by a physician, we would appreciate a note indicating the physician's name and address. If there is anything in your child's health background that the school does not know that might be of value to this program, please contact your child's school nurse or Mr. Royden P. Grove, Adapted Physical Education Teacher, Eisenhower Elementary School, 1460 School Street, Indiana, Pennsylvania 15701. Telephone 463-8566.

We hope you will help us to provide a quality educational experience for your child.

Sincerely,

William G. McGary, Principal
Eisenhower School

WGM:el

FORM 6

DIAGNOSIS AND EXERCISE RECORD

Last Name _____ First _____ Advisor _____ P.E.Period _____ I, II, III, IV Circle _____

Age _____ Ht. _____ Wt. _____ Home Address _____ Village _____ Phone _____

Physician's Name _____ Address _____ City _____ Phone _____

Physician's Diagnosis of Condition: _____

Physician's Recommended Exercises: _____

Original Exercise Procedures (Date _____) _____

Change in Exercise Procedure (Date _____) _____

Change in Exercise Procedure (Date _____) _____

Change in Exercise Procedure (Date _____) _____

Summary of Progress and Additional Remarks _____

ADAPTIVE PROGRAM OF THE BOYS' PHYSICAL EDUCATION DEPT - NEW TRIER TWP. H.S.
WINNETKA, ILLINOIS

FORM 7

INDIANA AREA SCHOOL DISTRICT
Indiana, Pennsylvania

ADAPTED PHYSICAL EDUCATION RECORD

NAME _____ DATE _____
Last First Middle

ADDRESS _____ BIRTH DATE _____
Month Day Year

PARENT OR GUARDIAN _____ TELEPHONE _____

FAMILY PHYSICIAN _____ TELEPHONE _____

ADDRESS _____
No. Street City State

FINDINGS	RECOMMENDATIONS AND PROCEDURES
I. HEALTH HISTORY	
II. SCREENING TEST	
III. PHYSICAL FITNESS TESTS	
IV. DOCTOR'S DIAGNOSIS	
V. EVALUATION	

Test Grade 5 6

Test	5		6	
P-U				
S-U				
B-J	' "	' "	' "	' "
S-R	.	.	.	.
50	.	.	.	.
S-T	'	'	'	'
600	:	:	:	:

FORM 8

BOYS' PHYSICAL EDUCATION DEPARTMENT
New Trier Township High School - Winnetka, Illinois

RECOMMENDATION FOR ASSIGNMENT TO ADAPTIVE P.E. PROGRAM

I recommend that the following boy should be assigned to the Adaptive Physical Education Program for corrective exercise or body-building work:

Last Name	First Name	Adviser	Class (1,2,3,4)	P.E. Pd.

General statement of physical condition and suggestions for improvement: _____

_____

_____

_____

Date _____ Signature of Instructor _____

D-15

FORM 9 -- LETTER TO TEACHERS

INDIANA AREA SCHOOL DISTRICT
Indiana, Pennsylvania
August 31, 1973

Dear Fellow Teacher:

This is the seventh year for the Adapted Physical Education Program in the Indiana Area Elementary Schools. This program aims to help any child that will benefit from a more specialized type of physical education class designed to meet his or her needs. If you are a new teacher to the Indiana Area School District and you are not familiar with this program, I will be more than happy to visit with you or your entire team to explain and discuss Adapted Physical Education. During the school year you may receive questions from parents concerning this program and I feel that it is my duty to help you to be informed as to it's organization and operation. The success of the children in this program depends largely upon the support and encouragement they receive from their parents and classroom teacher. If you and the parents are familiar with the program their success will be greatly enhanced.

During the next several weeks as you are learning the names and characteristics of your students, please be aware of any physical characteristics such as poor posture, improper gait, or poor coordination. If you should notice something that a child could receive help through the Adapted Physical Education Program please fill out the attached form and place it in my mailbox at your school. Even though your observations have not detected anything immediately, retain the attached form. During the school year, something may appear to you that you would like to inform me about concerning a particular student.

In order to determine what children will benefit from this program, a screening examination must be conducted. In the very near future you will receive letters which are to be sent home to parents of students who are new to the district this year and students that enrolled in the Indiana Area Elementary Schools after September of 1972. This letter is to inform the parents of a screening test that I will be conducting with their children and asking for their cooperation while conducting the examination. Please feel free to read a copy of the letter so that you can be better informed about the test. You will be notified as to what day I will be in your building so that you can inform your students to be ready for the examination. I will also inform you as to the specific time and place that the screening examination will be conducted. With so many children to screen, your help is needed to make this as efficient as possible.

Sincerely,

Royden P. Grove

Royden P. Grove
Adapted Physical Education Teacher

RPG:el

FORM 10

ADAPTED PHYSICAL EDUCATION
TEACHER REFERRAL FORM

Date_____

Mr. Grove:

Please check the student or students I have listed below with the condition specified for each, to see if they would benefit in being in the Adapted Physical Education Program.

School_____Level_____Room_____Teacher_____

FORM 11

BOYS PHYSICAL EDUCATION DEPARTMENT
New Trier Township High School - Winnetka, Illinois

NOTICE REGARDING ADAPTIVE PHYSICAL EDUCATION

The classes in Adaptive Physical Education continue from year to year with individuals moving in or out at irregular intervals. When activities are changed in the regular Physical Education Program, it may be feasible to transfer boys in or out of the Adaptive P.E. classes from time to time.

If you observe boys in your classes with problems or weaknesses (e.g., obesity, poor posture, etc.) who would profit from the activities in the Adaptive Program, fill out a separate recommendation slip (obtained at the P.E. Office) for each boy and turn it in to:

_____

At present, _____, we can accommodate additional boys in the Adaptive Program. The numbers below indicate how many boys can be added each period.

Period

1 _____
2 _____
3 _____
4 _____
5/6 _____
7/8 _____
9 _____
10 _____
11 _____

The order of assignments will be made on the basis of preference for Freshmen, Sophomores, Juniors and Seniors.

Emergency cases which need immediate attention can always be handled.

D-14

FORM 12

Health-Habit Questionnaire

(Second Revision)

Name: ..... Grade: ..... Date: .....
(Print last name first)

Instructions: Please answer as carefully and accurately as you can each of the following questions concerning your health habits. You are asked for this information in order that your physical education teacher may help you to improve your physical condition. Your answers will be kept confidential.

1. How many hours do you sleep each night? ..... Is your sleep restful? .....

   Do you sleep with your windows open at night? ..... Are you warm at night (especially in the winter)? .....

2. Are you usually rested and refreshed in the morning? ..... Drowsy? .....

   Are you sleepy during the day? ..... In class? ..... When studying? .....

   Do you take a nap during the day? ..... How often? ..... For how long? .....

   Do you work and play without being more than comfortably tired mentally or physically at bed time? ..... Fatigued? ....

   Do you get to sleep easily at night? ..... If not, why? .....

3. Are your living conditions congenial? ..... Depressing? ..... Do you have a room for yourself? ..... Bed for yourself? .....

4. Are you often "on edge", nervous, or jittery? ..... Is it difficult for you to relax? .....

   Are you subject to worries? ..... Moods? ..... Usually cheerful? ..... Are you really happy? .....

5. How far do you live from school? ..... How do you get to school? .....

   What time do you leave in the morning? ..... When, home at night? .....

   How much time do you usually study at home each school day? .....

   How much time do you usually work at outside employment (or chores) each school day? .....

   What do you do? .....

6. Do you have a hobby? ..... What is it? .....

   How many hours per day of physical activity do you usually get outside of school hours? ..... What do you do? .....

   What organizations do you belong to? .....

   What social activities do you participate in with mixed groups (boys and girls)? ..... How often? .....

   What extra-curricular school activities do you take part in? .....

   What do you do with your spare time? .....

   .....

7. Please check (X) the frequency with which you have the following?

	Never	Seldom	Occasionally	Often
a. Headaches				
b. Colds				
c. Sore throat				
d. Ear ache				
e. Indigestion				
f. Bad breath				
g. Coated tongue (bad taste)				
h. Pimples or skin eruptions				
i. Boils				
j. Twitching face and eyelids				
k. Eye strain				
l. Sinus infections				
m. Foot trouble				
n. Joint pains				

Do you wear glasses? ..... If so, when were they last tested? ..... Do you hear well? .....

FORM 12

8. Do you eat three meals a day regularly?.....Is your appetite good?..... Do you eat at the school cafeteria at noon?....

Carry your lunch?..... Go home for lunch? ..... What do you usually eat at noon?.....

.....

Do you eat between meals? (Check) Never ..... Seldom ..... Often ..... Usually .....

What do you eat between meals?.....

9. How often do you usually eat each of the following kinds of food (check):

	Very Seldom	Once Each Week	Three Times Each Week	Once Each Day	Twice Each Day	Three Times Each Day
a. Meat (including fish and eggs)						
b. Green vegetables (spinach, cabbage, lettuce, etc.)						
c. Other vegetables (carrots, peas, beans, beets, etc.)						
d. Potatoes						
e. Rice, Macaroni						
f. Pie, cake, pastry						
g. Candy, sweets						
h. Fresh fruit						
i. Salads						
j. Oranges, tomatoes						
k. Dried fruits (prunes, apricots, figs, etc.)						
l. Cereals						
m. Milk						
n. Fried foods						
o. Whole wheat foods						

10. How many glasses of water do you usually drink daily? .....How many glasses of milk?.....Tea?.....Coffee?..

11. Are you troubled with constipation?..... What do you do to correct it?.....

12. Do you smoke?..... If so, how much daily?.....

Do you drink alcoholic beverages?..... If so, what? ..... How often?..... How much?.....

13. How often do you visit the dentist?..... How often do you usually clean your teeth? .....

14. Have you been vaccinated?..... Immunized for diphtheria?..... Typhoid?.....

What other immunizations?.....

15. Are your parents healthy and physically fit?..... If not, what is the reason?.....

What is the physical stature of your father? Tall..... Medium..... Short.....
Fat..... Average..... Thin.....

What is the physical stature of your mother? Tall..... Medium..... Short.....
Fat..... Average..... Thin.....

16. Do you desire to be strong and physically fit (boys)?..... Do you wish to be attractive (girls)?.....

Are you satisfied with your present physical condition?.....

If your *Physical Fitness Index* is low, can you account for it?..... How?.....

.....

Summary of Interview: .....

Copyright by
H. Harrison Clarke
Springfield College
Springfield, Mass.
1951

Presented by
NISSEN CORP., 930 27th AVE. S.W., CEDAR RAPIDS, IOWA

FORM 13

PERSONAL DATA FORM

Name: _____ 1M 2M 3M 4M Section ____
(last) (first) (Initial)

Local Address: _____ Phone Number: _____

High School Attended: _____ Parent or Guardian: _____
(name) (location)

Major: _____ Date of Graduation: _____
(subject) (advisor)

Birthday: _____ Age: _____ Height: _____ Weight: _____

Physical Education Locker: _____ Lock Combination: _____

Interscholastic Sports Participation

Sport	Years	Letters
Baseball		
Basketball		
Bowling		
Cross Country		
Football		
Golf		
Gymnastics		
Lacrosse		
Rifle		
Soccer		
Swimming		
Tennis		
Track-Field		
Volleyball		
Wrestling		

Interscholastic Intramural and Physical Education Class Participation Record

Sport	IM	PE	Int.	Sport	IM	PE	Int.
Apparatus work				Life Saving			
Archery				Ping Pong			
Badminton				Roll/Skate			
Baseball				Rifle			
Basketball				Rowing (crew)			
Bowling				Shuffleboard			
Calisthentics				Soccer			
Cross Country				Softball			
Diving				Speedball			
Fencing				Squash			
Foul Shooting				Swimming			
Golf				Tennis			
Group Games				Th. Football			
Gymnastics				Track-Field			
Handball				Volleyball			
Horseshoes				Wrestling			
Lacrosse							

IM-Intramural; PE-Physical Education; Int.--interest--1(enjoy or would enjoy doing very much; 2 (would like a little, but not much); 3 (averse to doing); 4 (would like specific teaching or coaching.

List honors in interscholastic sports (squad captain, all state, etc.) _____

List extra-class activities in which you participated in high school and in which you are or plan to be active at U.R.I.: _____

Were you allowed to substitute for your high school Physical Education Requirement? _____
If yes, what? _____ How many years in grades 9-12 did you have Physical Education? _____ How many times per week during this time? _____

In what recreational activities do you now participate? _____

What are your hobbies? _____
What recreational skills would you like to develop? _____
Are you a member or plan to be a candidate for an intercollegiate sport at U.R.I.? _____
If yes, which? _____
What U.R.I. campus organizations (clubs, fraternities, etc) are you a member? _____

On the back, please make a copy of your present class schedule (hour, subject, professor, location).

FORM 14

THE WETZEL GRID *for Evaluating* PHYSICAL FITNESS

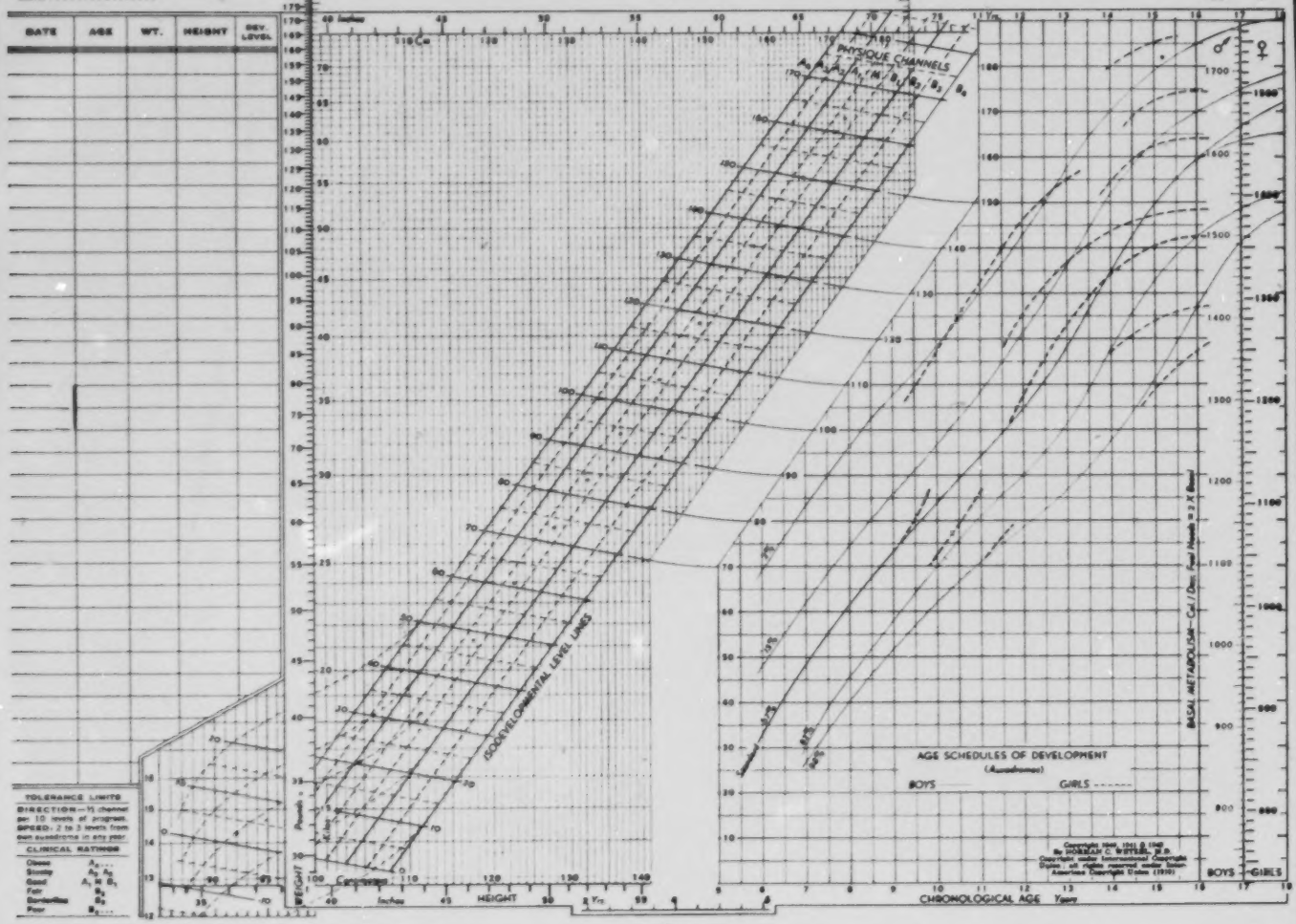
in Terms of PHYSIQUE (Body Build), DEVELOPMENTAL LEVEL and BASAL METABOLISM

— A Guide to Individual Progress from Infancy to Maturity —

Name ..... No. .....

Date of birth .....

DATE	AGE	WT.	HEIGHT	DEV. LEVEL



TOLERANCE LIMITS

DIRECTION — ½ channel per 10 levels of progress.

SPEED: 2 to 3 levels from own questions in any year.

CLINICAL RATINGS

Obese	A_1 ...
Stocky	A_2 A_3
Good	A_4 M B_1
Fair	B_2
Borderline	B_3
Poor	B_4 ...

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Name _____ FORM 14 School(s) _____ No. _____

Address(es) _____ Parent or Guardian _____ Tel. _____ M F

DATE														
	Month													
	Day													
	Year													
GRADE		K	1	2	3	4	5	6	7	8	9	10	11	12
PHYS. STATUS	Grid													
	Clin.													
PHYS. PROG.	Direct.													
	Speed													

PHYSICAL FINDINGS

Skin														
NOSE Obstr.														
EYES (see also V. A.)	R													
	L													
	Other													
EARS (see Hear.)	R													
	L													
TEETH	Temp.													
	Perm.													
Tongue & MM.														
Tonsils														
Cerv. Glands														
Thyroid														
Heart														
" (M)														
Lungs														
Abdomen														
Hernia														
Genit.														
Posture														
Orthoped.														
Nerv. Syst.														
Speech Def.														
Endocrine														

MENTAL

M. A.														
IQ														
PLR														

DISEASES – SURGERY – ACCIDENTS

FLUOROSCOPIC – OTHER TESTS – EXPLAIN

PHYS. ED. – GYM CONSENT ___ NO ___ ATHL. CONSENT ___ NO

Tests														
Athletics														

HOME CONDITIONS

Econ. Tenth														
Management														

ACTION: FOLLOW – NOT FOLLOW – CORRECTIONS

Parent Consult.														
Co-operation														

CODES: Positive +, + +, + + + Negative O Questionable ? Defect X Defect Corrected ⊗ G. Good, F Fair, P Poor

VISUAL ACUITY

Date	R	L	Date	R	L

Date	Hearing (Audio)	SPECIAL ATTENTION Mark X
	R	1. SOMATO-NUTRITION
		Simple Mal.
	L	Obesity
		Allergy
	R	Anemia
		Diet
	L	Fatigue
		Habits
	R	Home
		Infections
	L	Tonsils
		2. VISION
		Muscle Imbal.
		Hyperopia
		Myopia
		Lateral-Domin.
		Color Blind
		3. HEARING
		4. CARDIAC
		Rheum.
		Murmur
		Congen.
		5. ORTHOPEDIC
		6. MENTAL
		M. A.
		IQ
		Major Work
		Exceptional
		7. NEURO-PSYCH
		Rorschach
		Reading Dis.
		Speech Def.
		8. MISCELLANEOUS
		Diabetes
		Epilepsy
		Ringworm

FAMILY - Nationality

F; L D

M; L D

B

S

PREVIOUS DISEASES

Chickenpox	Whoop. C.	Typhoid
Measles	Diphtheria	Polio
Ger. Measles	Rheumatism	Tbc
Scarlet F.	Heart	Pneum.
Mumps	Smallpox	

IMMUNIZATIONS

Whoop. C.	
Diphth.	
Tetanus	
Vaccination	
" Scar	

TESTS

Dick	
Schick	
Re-Schick	
Tbc	
R_h (+)	(−)

PROGRESS NOTES - Explain positive (+) findings & defects (×) give dates:

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FORM 15

ADAPTED PHYSICAL EDUCATION RECORD

NAME _____

CONDITION _____

DOCTOR _____

WEIGHT _____ HEIGHT _____ AGE _____

UPPER ARM RT. _____ LOWER ARM RT. _____

UPPER ARM LEFT _____ LOWER ARM LEFT _____

CHEST _____ WAIST _____

FITNESS TESTING	DATE	DATE	DATE	DATE	COMMENTS
SIT UPS					
PULL UPS					
50 Yd. Dash					
600 Yd. Run					
Shuttle Run					
Standing Long Jump					

EXERCISES

FORM 16

ADAPTED PHYSICAL EDUCATION IMPROVEMENT RECORD

_____ P.E. PD.____ CLASS____
(Last Name) (First) (Adviser)

Reason for Referral: _____ Referred by: _____

Previous Fitness Score: Push ups___ Vert. Hang___ Pull ups___ S.S.___ 1/2 Mile____

Measurements	Bef.	Aft.	Imp.
Chest			
Waist			
Biceps			
Forearms			
Thighs			
Height			
Weight			

RECORD OF IMPROVEMENT

Date	Wt.	Pull ups	Push ups	Date	Wt.	Pull ups	Push ups

ADAPTIVE P.E. IMPROVEMENT RECORD CARD
Boys' Physical Education Department - New Trier Twp. High School, Winnetka, Illinois

D-13-10/61 Letter sent _____ Transferred _____ _____
(Date) (Location) (Date)

FORM 17 -- SPECIAL FITNESS RECORD FORM

SCORE CARD

	Test 1		Test 2	
Date				
Age				
	Score	Percentile	Score	Percentile
Flexed Arm Hang				
Sit-Up				
Shuttle Run				
Standing Broad Jump				
50-Yard Dash				
Softball Throw				
300-Yard Run-Walk				

INSTRUCTIONS: Fill in the age of the student and the date of the testing. As each test is taken, record the score in the space provided. If several trials are given, only the best score should be recorded. Then, using the appropriate tables in the **Special Fitness Test Manual**, find the percentile score and enter it. This tells where the student stands in relation to others of the same age. The profile record on the opposite page may be used to plot a chart of the individual student's fitness. Place a dot on each line of the graph at the percentile scored for that test. Connect the dots with straight lines. Use different color pencils to plot the two scores so that changes are clearly shown.

Additional copies of this Special Fitness Record Form are available from NEA Publications Sales, 1201 Sixteenth St., N.W., Washington, D.C. 20036. 1-99 copies, 5¢ each; 100 or more, 3¢ each.

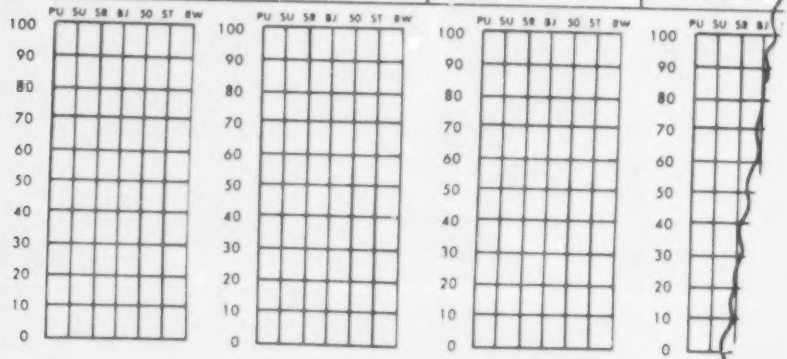
PROFILE RECORD

Percentile	Flexed Arm Hang	Sit-Up	Shuttle Run	Standing Broad Jump	50-Yard Dash	Softball Throw	300-Yard Run-Walk
100							
95							
90							
85							
80							
75							
70							
65							
60							
55							
50							
45							
40							
35							
30							
25							
20							
15							
10							
5							

FORM 18 - CUMULATIVE FITNESS RECORD

GRADE	5				6				7				8			
DATE	TEST 1 ____19___ MO.	EXP.	TEST 2 ____19___ MO.	EXP	TEST 1 ____19___ MO.	EXP	TEST 2 ____19___ MO.	EXP	TEST 1 ____19___ MO.	EXP	TEST 2 ____19___ MO.	EXP	TEST 1 ____19___ MO.	EXP	TEST ____19 MO.	
AGE (months)																
HEIGHT (inches)																
WEIGHT (pounds)																
SUM OF EXPONENTS																
CLASS																
COMPONENT	RAW SCORE	PERCEN. TILE	RAW SCORE	PERCEN. TILE	RAW SCORE	PERCEN. TILE	RAW SCORE	PERCEN. TILE	RAW SCORE	PERCEN. TILE	RAW SCORE	PERCEN. TILE	RAW SCORE	PERCEN. TILE	RAW SCORE	
PULL-UP (arm strength)														PU		
SIT-UP (abdominal strength)														SU		
SHUTTLE RUN (speed and agility)														SR		
STANDING BROAD JUMP (leg power)														BJ		
50-YARD DASH (speed)														50		
600-YARD RUN-WALK (endurance) Optionals: 1-mile or 9-minute run 1½-mile or 12-minute run														BW		
FITNESS AVERAGE																

PROFILE 5th	PROFILE 6th	PROFILE 7th	PROFILE



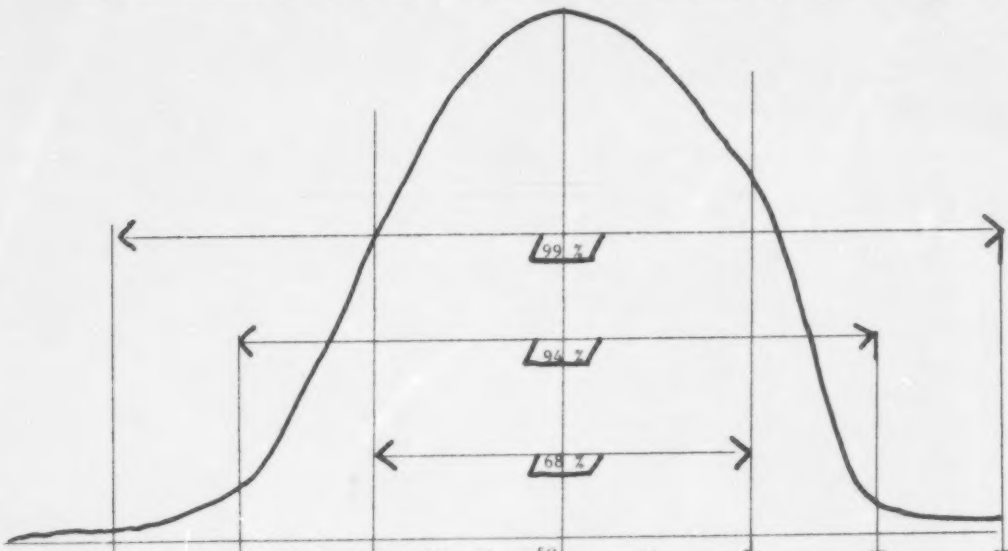
FORM 19

PHYSICAL FITNESS TEST ANALYSIS AND PROGRESS CHART

_____
(Name)

Percentile means the percentage of cases above which you scored. The 32nd percentile means that your score was better than 32 percent of the cases while 68 percent of the scores surpassed yours.

Plot original test in blue pen and succeeding tests in other colors. Watch your own progress. Progress is the product of an intelligent, progressive, and regular program.



Percentile	1		16	25	32	50	75	84	97	99
Pull Ups										
U.R.I.	-	1	2	(3)	6	8	10	11	15	18
USAFA	-			5	(6)	10	15	18	25	32
Broad Jump										
U.R.I.	5'2"	5'10"	6'6"	(6'9")	6'10"	7'2"	7'7"	7'10"	8'6"	9'2"
USAFA	3'10"	4'6"	6'2"	6'8"	(7'6")	7'9"	8'10"	9'4"	10'11"	12'7"
Push-Ups										
U.R.I.	2	9	19	(22)	24	29	36	39	49	59
USAFA	-	7	22	27	(30)	37	47	52	67	82
Sit-Ups										
U.R.I.	2	15	28	(32)	35	41	50	54	67	79
USAFA	-	-	29	40	(50)	62	84	95	128	161
600 Yard Run										
U.R.I.	2:43	2:29	2:15	(2:10)	2:08	2:01	1:52	1:47	1:33	1:19
USAFA	3:03	2:38	2:13	2:05	(2:00)	1:48	1:31	1:23	:38	:33

NOTE: 32nd percentile was considered the minimum standard at the Air Force Academy.
Approximately the 25th percentile was considered the minimum standard at U.R.I.
( ) indicate minimum standards for U.R.I. and the Air Force Academy respectively.
Plot all of your scores in the appropriate event along the U.R.I. line; Air Force Academy data if for comparative and interest purposes only.

FORM 19

PHYSICAL FITNESS TEST ANALYSIS AND PROGRESS CHART

Name _____

Date	Pull Ups	Broad Jump	Push Ups	Sit Ups	600 Yard Run
Test 1					
Test 2					
Improvement Over Test 1					
Test 3					
Improvement Over Test 1					
Improvement Over Test 2					
Test 4					
Improvement Over Test 1					
Improvement Over Test 2					
Improvement Over Test 3					
Improvement Over Test 4					

FORM 20

ADAPTED PHYSICAL EDUCATION EVALUATION FORM

A form of this type is extremely flexible for recording progress of students participating in adapted physical education programs. Blank columns at the top of the page can be used to list a variety of specific tasks--test and self-testing items, individualized activities, movement patterns, basic motor skills, sports skills, remedial exercises, developmental activities. Performances and achievement can be recorded as quantified measures, satisfying criterion referenced standards, or simply satisfactory/unsatisfactory. Notes and comments can be included as needed and appropriate. The left hand column can be used to record dates on which information is gathered. In the way progress can be assessed for each student and adjustments made in the individualized program and activities as warranted and needed. A form of this type is kept in the personal folder of each student.

FORM 21

ADAPTED PHYSICAL EDUCATION PROGRESS FORM

DATE	PULSE RATE					MEASUREMENTS								BICYCLE			
	Reclining	Sitting	Standing	Running	Step Test	Chest	Biceps	Thigh	Calf			Height	Weight	Time	Distance	Speed	Resistance

FORM 22

CIRCUIT TRAINING RECORD

Name _____ Period _____

Date	M	T	M	T	M	T	M	T	M	T	M	T	M	T	Time I/T

Key: M = Maximum
T = Training

FORM 23

WILLIAM SERIES FOR LOWER BACK[1]

1. PARTIAL TO FULL SIT-UP

   Starting Position-- supine with knees flexed, feet flat on floor and arms folded over chest.

   If there is pronounced abdominal muscle weakness or if flexion of the spine is to be avoided, the partial sit-up can be performed by raising the head and shoulders from the floor for three to five counts and return. The full sit-up is used in conjunction with the partial one in many exercise programs when greater range of joint motion is desired and when sufficient strength is available.

2. BACK FLATTENER

   Starting Position--supine with knees flexed, feet flat on floor and arms folded over chest.

   Contract the gluteals so that the lower back is forced against the floor and the anterior pelvis is tilted upward. As this is a static exercise, the intensity is usually varied by holding this position for increasingly longer periods of time and by performing these bouts with greater daily frequency.

3. ALTERNATE TO DOUBLE KNEE TUCKS

   Starting Position--supine with knees flexed, feet flat on floor and arms folded over chest.

   Draw one knee slowly to the chest; pull the knee with both hands; return to the starting position; repeat with the other leg. The double knee tuck is performed similarly except that both knees are drawn to the chest simultaneously.

4. BUTTOCKS RAISE

   Starting Position--supine with knees flexed, feet flat on floor and arms folded over chest.

   This is similar to the Back Flattener except that a positive effort is made to raise the buttocks from the floor by contracting the gluteus maximus and the abdominals. This static contraction should be held for a few seconds before relaxing and performing the next repetition.

5. SQUAT BEND

   Starting Position--stand with weight distributed well back on the heels.

   Contract the gluteals, squat, and place arms between legs and touch the floor with the hands. Return to starting position and repeat.

---

[1] Based on Paul C. Williams, "Examination and Conservative Treatment for Disk Lesions of the Lower Spine," Clinical Orthopedics 5(1955), p. 28.

FORM 24

QUADRICEPS--HAMSTRING SERIES

Power System

*1. Determine single lift capacity--maximum all out life of quadriceps _____

*2. 10 repetitions with five pounds under single lift capacity _____

3. Rest 1-2 minutes

*4. 5-8 repetitions, adding ten pounds to the boot _____

5. Rest 1-2 minutes

*6. 1-4 repetitions, adding ten more pounds to the boot _____

7. Rest 1-2 minutes

*8. 15-20 repetitions with one-half single lift capacity _____

9. Take 56 % of single lift capacity _____

**10. 10 repetitions with 56% of single lift capacity _____

11. Rest 1-2 minutes

**12. 5-8 repetitions, adding 10 pounds _____

13. Rest 1-2 minutes

**14. 1-4 repetitions, adding ten more pounds _____

15. Rest 1-2 minutes

**16. 15-20 repetitions with 1-2 pounds _____

*indicates quadriceps exercises (i.e., hip flexion and knee extension)
**indicates hamstring exercises (i.e., hip extension and knee flexion)

10-10-10 System

*1. Determine single lift capacity, maximum all out lift _____

*2. 10 repetitions with five pounds under single lift capacity _____

*3. Rest 1-2 minutes; repeat 10 repetitions with the same weight _____

*4. Rest 1-2 minutes; repeat 10 repetitions with the same weight _____

*5. Rest 1-2 minutes; 15-20 repetitions with one-half single lift capacity _____

**6. Take 56% of single lift capacity and do 10 repetitions _____

**7. Rest 1-2 minutes and repeat 10 repetitions _____

**8. Rest 1-2 minutes and repeat 10 repetitions with 1-2 pounds _____

**9. Rest 1-2 minutes and do 15-20 repetitions with 1-2 pounds _____

---

*indicates quadriceps exercises (i.e., hip flexion and knee extension)
**indicates hamstring exercise (i.e., hip extension and knee flexion)

---

1. Program is to be done three times per week. Each week increase all weight leadings 10 pounds.
2. On occasion some weight leadings may have to be adjusted according to individual capacity (instructor makes these adjustments).

FORM 25

WRIST STRETCHING EXERCISES

Self-Stretching Extension

1. Stand with right palm on table, elbow straight.
2. Place palm of left hand on top of right hand.
3. Keep right elbow straight and stretch right wrist by slowly leaning forward. (Tension is felt in the front of the wrist).
4. Lean and hold for six seconds, relax one second.
5. Repeat five or six times.
6. Repeat with left hand.
7. Continue exercise daily.

Self-Stretching Flexion

1. Stand with back of right hand held flat on table, elbow straight.
2. Place palm of left hand on top of right hand.
3. Keep right elbow straight and stretch right wrist by slowing leaning forward. (Tension is felt on the back of the wrist).
4. Lean and hold for six seconds, relax one second.
5. Repeat five or six times.
6. Repeat with left hand.
7. Continue exercise daily.

Miscellaneous

1. Wrist roll machine (three times per week)--gradually increasing resistance
   a. _____minutes flexion
   b. _____minutes extension

2. Wrist turn machine (three times per week)--gradually increasing resistance
   a. _____minutes abduction
   b. _____minutes adduction

3. Dumbell exercises as prescribed (three times per week)--weight as prescribed
   a. Flexion exercises
   b. Extension exercises
   c. Abduction exercises
   d. Adduction exercises

4. Barbell exercises as prescribed (three times per week)--weight as prescribed.

5. Rubber ball exercises (squeeze) ___minutes daily, ____times per day.

6. Others:

FORM 26

STRENGTHENING EXERCISES FOR FEET AND LEGS

1. Sit on a stool or bench with feet parallel and a few inches apart...grasp a marble with a firm grip by the toes of one feet...cross the foot over the opposite knee...supinate the feet and drop the marbel into the hand on the outer side of the knee..return...repeat several times and with the other foot. (Note: do not rest foot on knee...try not to touch the active leg to the stationary one).

2. Correct standing position with feet parallel and a few inches apart and the body weight supported by one hand on a wall at shoulder height...rise on toes... (a) roll weight to outer borders of feet; (b) roll weight back upon the heels; (c)hold; (d) repeat slowly and continuously several times.

3. Correct standing position with foot parallel and a few inches apart...flex toes vigorously while raising the inner borders of the feet and transfering the body weight to the outer borders...hold the contracted position for several seconds...relax...repeat several times.

4. Correct standing position with feet parallel and a few inches apart, and the body weight supported by one hand on a wall at shoulder height...(a) rise on toes; (b) force heels outward with toes clinging to the floor; (c) return heels; (d) return to starting positions; (e) repeat slowly and forcefully several times.

5. Correct standing position with feet resting on a block of wood and the toes flexed over the edge of the block...flex the toes vigorously over the edge of the block...raise the long arches as the weight of the feet is forced to the outer borders...hold for several seconds...relax...repeat several times.

6. Sit on the floor with the feet parallel and close to the buttocks (knees up) and kees held together by the arms...flex the toes vigorously...turn the soles of the feet toward each other until the toes of both feet touch (heels do not move)...dorsi flex the ankles...relax...repeat several times.

7. Sit on the floor with the feet together and close to the buttocks and the knees held together by the arms (knees up)...flex the toes vigorously...turn the soles of the feet toward each other until the toes of both feet touch (heels do not move)...slide the feet forward slowly as far as possible on the floor (keep soles of feet in contact with each other)...return to starting position...repeat slowly several times.

8. Sit correctly on a stool or bench with the feet parallel and a few inches apart...grip a pencil with the toes of one foot, holding the pencil point slightly lateral to the small toe...supinate the feet and write on the paper... repeat with opposite feet...repeat several times.

9. Correct sitting position on a stool or bench with a towel spread lengthwise before the feet...toes and front part of the feet are/on the near edge of the towel, the feet being a few inches apart and the toes turned inward...keep the heels stationary, alternately flex the toes of each foot while gripping the towel with the toes and the outer borders of the feet while gripping the towel with the toes and the outer borders of the feet and drawing the feet inward and upward...continue until enough of the towel has been drawn under the feet to make a small heap...spread the towel and repeat several times. (Note: after the exercise has been mastered a small weight should be placed on the far end of the towel. As the foot muscles are strengthened the weight should be increased--i.e., book, two books, brick, two bricks, cinder block, etc.)

10. Half squats and toe raises with weights or barbells.

11. Stand with feet flat and a few inches apart...be about 3 feet from a wall... place hands at shoulder height and width against wall...keep foot flat and let self down against wall, stretching calf muscles...repeat 10-12 times several sets...as you get in better condition you will have to move feet further back from wall.

Activities and exact repetitions are designated for each student.

FORM 27

ADAPTED PHYSICAL EDUCATION CLASS TRANSFER FORM

Date

TO: _____

FROM: A.D. Ministrator, Coordinator
Adapted Physical Education

_____ is enrolled in the adapted physical education program and currently is enrolled in the special class _____ period. Activity tolerance levels and program recommendations make it possible for this student to participate in _____, an activity your _____period class is scheduled to start _____, 197__. In keeping with basic principles of having all students participate in regular sections to the maximum degree possible, it has been recommended that this student participate in _____with your ____ period class. Please complete the form below and return it to me by _____, 197__, so this transfer can be processed. If you would like to discuss the student or this situation, let me know. Thanks for your cooperation.

RETURN TO: A.D. MINISTRATOR, Coordinator
Adapted Physical Education

/__/ Yes, _____make take part in _____ with my _____period class starting _____, 197__. You can expect this student to report back to your class on _____, 197__.

/__/ No, I cannot take _____in this class at the present time.

_____
Signed

_____
Date

FORM 28[1]

ADAPTED PHYSICAL EDUCATION REEXAMINATION FORM

TO: _____ Date

FROM: A. D. Ministrator, Coordinator
Adapted Physical Education

According to a Physical Education Medical Referral Form dated _____, 197_, _____ is to return to you for reexamination and reassessment on _____, 197__. Please review the attached Physical Education Medical Referral Form after reexamining the student and provide the following information:

☐ No change in status or recommendations from those of _____, 197__.

☐ Change status and program recommendations as follows:

_____

_____

_____

☐ Place in unrestricted activity status.

This student should return for further reexamination on _____, 197__.

Thank you for your cooperation and assistance in providing this additional information so that this student's needs can be met more effectively through the comprehensive physical education program.

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[1] Designed for and used in conjunction with Physical Education Medical Referral Form (Form 1)

FORM 29

REQUEST FOR REEXAMINATION

Date

TO: _____

FROM: A. D. MINISTRATOR, Coordinator
Adapted Physical Education

_____ has been participating in the adapted physical education program per your recommendations and guidance since _____, 197__. Although you indicated no reexamination was necessary until _____, 197__, observations, analysis of performance and progress, and monitoring of this student's individualized progress indicate that medical reevaluation may be appropriate now. Please review the attached Physical Education Medical Referral Form after reexamining the student and provide the following information:

☐ No change in status or recommendations from those of _____, 197__.

☐ Change status and program recommendations as follows:

_____

_____

_____

☐ Place in unrestricted activity status.

This student should return for further reexamination _____,197__.

Thank you for your cooperation and assistance in providing this additional information so that this student's needs can be met more effectively through the comprehensive physical education program.

---

1 Designed for and used in conjunction with Physical Education Medical Referral Form 1 (Form 1).

Public Relations, Community Awareness, and Education

A great deal of autonomy has been given organizations, agencies, and institutions in planning and implementing physical education and sport programs for special populations. However, at the present time several types of legislation affect and influence opportunities in these areas for special populations:

. Federal legislation just enacted--Public Law 94-142--includes instruction in physical education within the definition of required special education services; recreation is considered a related service area. Implementation of this legislative mandate at state and local levels requires that physical education be included if state plans are to be in compliance with the law and states receive allocated funds. Other federal programs have given direct sanction and support for programs in these areas, through funds specifically appropriated for training, research, and demonstration projects and activities in physical education and/or recreation involving impaired, disabled, and handicapped persons.

In addition Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against and denial of benefits to handicapped persons in any program or activity receiving federal financial assistance. Recent court cases settled in favor of plaintiffs have implications for and are important to individuals interested and involved in physical education, recreation, sports, and related programs for special populations.[1]

. State legislation governs most school and related education programs and activities for all children including impaired, disabled, and handicapped youngsters. Until only recently not all impaired, disabled, and handicapped children were afforded legal-legislative equality of opportunities with their abled bodied peers. This has been true in all aspects of education including physical education; many state laws, regulations, and mandates were given dual interpretation--one for regular education, the other for special education. As a result, many special education youngsters have been categorically denied opportunities in physical education, sports, and related activity areas. Some states have stipulated that equality of opportunity includes nonacademic areas such as physical education, sports, leisure activities, music, dramatics, art, home economics, industrial arts. Intent is the same in states where mandates are not as specific or as well clarified.

Unfortunately legislation does not automatically bring about change or intended results. Therefore litigation has resulted in many states. A series of cases assures rights of certain stipulated minority groups. Specifically guaranteed for impaired, disabled, and handicapped persons are right to education, right to treatment, and right to community services. Direct and indirect implications for an applications to physical education, sports, and

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[1] See "Recent Court Cases of Importance," IRUC Briefings, Volume I, Number 3, May 1976 (AAHPER, 1201 16th Street, N.W., Washington, D.C. 20036) for discussion of these three cases and additional information about Section 504.

related areas are implicit and explicit. Right to due process and equal protection of the law under the United States Constitution further the cause of equal rights, nondiscrimination, and insure opportunities in all areas for special populations. Citizen and consumer advocacy are still other factors stimulating programs, activities, and opportunities in these areas.

One of the most influential forces resulting in increased programing in these areas is greater recognition of their values and contributions to a higher quality of life for participants. Many different groups sponsor, support, and conduct a variety of physical education, recreation, and sport programs for special populations. For example --

- Public and private schools, residential facilities, day care and activity centers, early childhood groups, park and recreation departments, civic and service groups, colleges and universities, professional associations, volunteer and private agencies, and commercial enterprises all are involved in programs and activities in these areas.

- Physical education, adapted physical education, recreation, therapeutic recreation, camp, outdoor education, swimming, aquatics, sports, perceptual-motor are but a sampling of types of programs sponsored by groups listed above.

Despite all of this official and unofficial action and activity, the lay public and parents must be made aware and kept informed about all aspects of adapted physical education programs and activities. This important part of the total program cannot be left to chance. Specific tasks, duties, and responsibilities of the adapted physical education specialist in this area are discussed on page 31.

Obtaining visibility for these programs and activities through radio, television, newspapers, local newsletters, and other media services is important in making the public aware and keeping people informed about these programs and accomplishments of students. Effective and viable public information efforts don't happen by chance; they require careful planning, implementation, follow-up, and working cooperatively with media personnel. Although emphasis of information that follows is on radio programing, the same principles can be applied to television, newspapers, local newsletters, and other media services.[1]

Establishing periodic-weekly, bi-weekly, monthly--radio programs which are sustained by stations should not be too difficult to obtain. However, certain requisites must be a part of such an endeavor.

An important element of media success is based on personal relationships; practitioners must become friendly with decision makers who can be of assistance--i.e., weekly publication editors, daily publication city desk editors; and in the medium of radio, program directors and or public service

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[1]Based on An IRUC Occasional Paper: Establishing Periodic Radio Programs by Harold W. Gierie, Director of Public Relations, United Cerebral Palsy Association of Nassau County, 380 Washington Avenue, Roosevelt, New York 11575. This Occasional Paper is distributed by IRUC, c/o AAHPER, 1201 16th Street, N.W., Washington, D.C., 20036.

editors. These friendships are the foundation for favorable responses to inquiries of media personnel for sustained cooperation in efforts to obtain free time and/or space for bringing a client's message to the public with a satisfying degree of frequency. These decision makers are more apt to be cooperative with individuals they know on a personal basis!

All radio stations, when applying to the FCC for license renewal, must include program intent--how they intend to serve their regarded listening audience, number of commercial minutes per hour they will allot (normally 18) and, along with other information, amount of public service time to be allotted per broadcast day. But, nowhere is it stated, and nowhere is it demanded or regulated as to identities of groups, organizations, or agencies, which will be provided this free air time!

Thus, it becomes apparent that each practitioner must sell the client as one whose continued story might rightfully be regarded as generally interesting to a large or major segment of the listening audience.

With this in mind, practitioners should learn the area served in largest measure by station; they must be certain they can develop a new program each and every week for at least 13, 26, 39 or 52 consecutive weeks. Being honest with themselves, they must determine whether the proposed programs will be of interest. With a weekly 15-minute program as the goal, they should prepare at least four 15-minute programs in advance and then, with these in a portfolio, approach the program director with the proposal that programs be aired under the umbrella of public service presentations. If the proper approach is made and friendship has been established, chances are that the program director will have pertinent programs fitted into a specified weekly or other time slot. If this approach has been successful, it must be determined what tape offering a station would like--cassette, reel or other--and every program tendered should be presented on such tape - a tape of excellent quality.

Programs should be informative; if possible, they should contain a degree of entertainment; they should be designed to hold the attention of listeners. Although names of guests should normally be of individuals residing in the station's service area, occasionally a well known individual should be the guest, local government personality, sports figure, mayor, governor, well-known judge, businessman, community leader, ad infinitum. Of course, programs involving such individuals must be flavored with text concerning the client, an effort which by no measure is difficult. With name guests you are, among other accomplishments, affording the name free exposure and each will be pleased to note support of your client group; the station is most pleased to have a name appear on one of its aired programs; the listener is given a change of pace. In most instances, with advance notice, a station will air promotionals to inform listeners that so and so will be a client program guest on such and such date, thus providing additional exposure for your guest and your client--if handled properly, the guest becomes a favor-owing acquaintance.

With the very first program should be a self-commitment that the program will be carried by the station for a long, long time. If it is, chances are good that you will be approached by other immediate area stations (if there by any) with a request that they be permitted to carry the program. Should this situation occur, you must approach the host station program director for his/her feeling about expansion of the program to other stations. Based on the existing personal friendship, the fact that a worthwhile endeavor can be given more explosure, chances are that the host station program director will have no objections to the program being carried by other area stations. However, undoutedly he/she will ask that other stations air the program after it has been carried by the host station. For instance: host station airs the program at 12 noon each Sunday; it might be requested that subsequent airings on other stations take place at a later time on that Sunday, or on a later date. Common sense dictates that this request must be granted.

From this point on it adds up to hard work, constant effort to improve program content, having weekly programs at stations well in advance of airing dates and having one or two general interest (no guests) programs on hand at the station for airing in the event a studio problem arises with your intended airing tape to permit a self vacationing period.

ONCE YOU HAVE BEEN AFFORDED PUBLIC SERVICE AIR TIME ON A SUSTAINED BASIS, YOU MUST DO ALL POSSIBLE TO ASSURE MAINTENANCE OF YOUR PROGRAM ON A SUSTAINED BASIS!!

EPIOLOGUE

Despite increased interest, emphasis, and attention to physical education programs and activities for impaired, disabled, and handicapped persons, many important and critical questions remain unanswered. In fact, many of these same questions have been asked for years! Obviously too many individuals fail to utilize and benefit from experiences of others who have done much ground work in developing sound approaches for viable programs. Providers of services continue to project what they feel is needed by impaired, disabled, and handicapped populations rather than actively involving individuals being served, especially at decision and policy making levels. In the past special populations sat back passively and did little; now they demand to be an active part of programs and activities that so intimately affect their futures and very destinies.

The course has been charted through recent legislation. Now it becomes the responsibility of every physical educator to start the voyage. The Education for all Handicapped Children Act (Public Law 94-142) includes instruction in physical education as a defined part of special education for every child, regardless of type or severity of handicapping condition. As such, all key words and basic provisions of this permanent legislation apply to physical education. Physical educators, adapted physical education specialists, supervisors, coordinators, and administrators must become conversant with the provisions--both intent and work--of Public Law 94-142. As state and local plans are developed, to insure compliance appropriate representation of physical education must be included on planning committees and advisory boards so that adequate and intended attention are given physical education. No longer can failure to give intended level of attention to physical education by state and local agencies be tolerated, justified, or rationalized. The Congressional mandate that every child have access to a free public education, including physical education as defined by law, is not a matter of choice. Programs must be appropriate, individualized, and conducted in least restrictive environments; programs must be written, periodically evaluated, and both parents and students be a part of admission, review and dismissal procedures.

Colleges and universities have to place more emphasis on diagnostic-prescriptive techniques and provide experiences with special populations in both undergraduate and graduate programs. Local schools and school systems and state education agencies have to plan and implement appropriate inservice activities, projects, and programs. Every undergraduate must have an acquaintence and awareness of meeting needs of special populations. Graduate specializations must be evaluated and restructured to prepare personnel to meet these changing needs--resource teachers, specialists in adapted, corrective, or developmental physical education, supervisors, and coordinators. Emphasis must be upon evolving needs, not those of the past. Guidance and direction are needed from those being served. Days of uninlateral domination by providers of service at decision and policy making levels are neither acceptable nor legal under the new law. A major consideration for college/university personnel, whether in personnel preparation or research, needs to be firsthand and current ongoing field experience. Early childhood programs also need attention by physical education personnel.

Physical educators at all levels must be conversant with and recognize implications of due process and equal protection of law as they apply to these areas of concern. These processes are guaranteed to all students in every

aspect of school life. Admission, review, and dismissal procedures for physical education must be consistent with legal mandates for these processes. Building rapport with parents through their active involvement along with that of their children is an important consideration that cannot be overemphasized. This type of involvement represents an important and basic approach to cooperation action and teamwork that has been stimulated by Public Law 94-142. Other inclusions that require thought and consideration by all involved, including physical education personnel are:

- Intent of least restrictive alternative in terms of total integration, complete separation, and a variety of organizational and administrative approaches between the extremes.

- All children means there are no exceptions to the clearly defined and delineated responsibility of state and local education agencies to serve every child regardless of type or severeity of handicapping condition.

- State education agencies have ultimate responsibility for education of all children wherever housed. Greater coordination and cooperation must be established among all agencies serving impaired, disabled, and handicapped children.

Sections 503 and 504 of the Rehabilitation Act of 1973 also have direct implications for physical education in general and adapted physical education in particular. Section 503 mandates that every organization receiving as much as $2,500 in federal funds must initiate affirmative action programs to seek qualified individuals with various impairments and disabilities. Provisions are even stronger for organizations receiving over $50,000 and with more than 50 employees. In the past many individuals with different impairments or disabilities have been categorically denied opportunities to train for and serve others through educational programs, including physical education. Many potentially outstanding physical education teachers and coaches have not been given a chance to show their abilities and competencies. No longer can this be justified morally or legally.

Section 504 indicates that no otherwise qualified handicapped individual shall solely by reason of a handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. Even before rules and regulations for this section were released three court cases favoring plaintiffs had direct implications for physical education programs. These cases involved a first grade child denied school admission because of spina bifida, a certified English and Journalism teacher not hired because of blindness, and an athlete not permitted to play basketball since he only had one eye.

Unfortunately, neither legislation nor litigation change deeply entrenched attitudes; time in and of itself may have little effect on attitudes. While progress and strides have been made in developing greater appreciation for and understanding of impaired, disabled, and handicapped persons as individuals, much more remains to be done. When everyone regardless of type or severity of a condition is sincerely accepted as an individual of worth and dignity, then and only then will barriers restricting progress crumble. While research, empirical evidence, and subjective reports suggest ways in which attitudes toward impaired, disabled,

and handicapped persons can be changed, further and more systematic attention need to be given this vital area. For example, how can attitudes be most effectively and permanently changed? When is the most effective time to attack attitudes? Are different approaches more appropriate for specific age groups? To what extent do we unintentionally reinforce negative attitudes that need to be changed? If acceptance and understanding shown during childhood changes with age, what and how does this happen?

Specific questions continue to be asked directly and are often reflected through programs and activities. Despite treatment and discussion of many of these questions within these Guidelines, each needs to be given constant attention in terms of changing and evolving needs of those being served through such programs and activities. Only in this way can adapted physical education remain a dynamic and individualized educational force.

- Exactly what is adapted physical education as intended and implemented today? for the 1980's? into the twenty-first century?

- How is adapted physical education similar to/different from sound developmental physical education? philosophically? administratively?

- In what ways are adapted physical education, physical therapy, occupational therapy, and corrective therapy similar? different? How can personnel from these specialized fields supplement and complement each others efforts for the benefit of the child? What administrative approaches have been effective in establishing cooperative relationships and in eliminating unwarrented and unnecessary duplication?

- What activities and methods are most efficient in these programs? What should relative emphasis be upon individualized activities? adapted games? participation in regular activities?

- What should be major outcomes attained through participation in adapted physical education programs and activities? What should be relative emphasis and attention to social objectives? physical fitness? remediation? affective domain? physical maintenance?

- Who should participate in adapted physical education programs and activities? What are appropriate and practical criteria for including impaired, disabled, and handicapped students in activities within the regular program?

- How can a well-prepared adapted physical education teacher be assessed? What are requisite personal characteristics? professional competencies? What is role of professional personnel in these programs? How can differential staffing patterns facilitate and enhance these programs?

- How can programs be effectively evaluated? What is role of students in this process? parents? medical personnel? administrators? supervisors?

- How can student improvement through adapted physical education be accurately assessed in terms of federal and state mandates for individualized plans and programs?

- Is adapted physical education the most appropriate name for this program? Does any special name have to be given to the program?

- What competencies in adapted physical education should be provided by colleges and universities for all future teachers? When should specialization in adapted physical education be introduced? What are needs in the field for specialized teachers in adapted physical education?

- What emphasis should be given to developing, maintaining, and/or restoring high levels of cardiorespiratory fitness through adapted physical education programs?

- How can relationships between medical personnel and physical educators continue to improve?

- What are effective ways to initiate, implement, and maintain public information, communtiy education, and awareness programs and activities about adapted physical education?

- Is there a self-fulfilling prophecy among adapted physical education specialists? If so, what effect is this having on progress and program and program directions? How can it be eliminated?

Despite these unanswered questions, great strides and progress have been made in the last ten to fifteen years. Obviously, much remains to be done. Too much lip service is still given to multiagency coordination and interdisciplinary cooperation; more action is needed. We still face many of the same problems that confronted the Scandianavian Countries in the mid-1960's. Jealously, competition, duplication of effort and mistrust exist in too large amounts. Only when the cause is shouted and the organization whispered can disciplinary barriers disappear, petty ego defenses dissolve and professional empires vanish. Then and only then can the pinnacle of success be attained for which all say they are striving. Hand-in-hand with and led by consumers--those we are all dedicated to help gain greater independence--we will walk a little taller and have greater spring in our step. No longer will it be us and them--together we will have overcome with active participation in physical activities having had a major role in the victory.

RESOURCES

The following section provides information about resources that are appropriate for and applicable to planning, organizing, implementing, and evaluating adapted physical education programs and activities conducted in regular or special settings. Included in this section are listings of (1) printed materials, (2) periodicals, and (3) suppliers of equipment and materials.

Not included in this compilation of resources are specific listings of periodical articles or the many organizations involved in general and/or specific aspects of physical education, sports, and related activity areas for special populations. For example, over 175 articles dealing in some way with adapted physical education or special populations have appeared in the Journal of Physical Education and Recreation during the last fifteen years. A listing of these articles can be obtained directly from the AAHPER Unit on Programs for the Handicapped (1201 16th Street, N.W., Washington, D.C., 20036) for seventy-five cents. In addition, the American Corrective Therapy Association deals extensively with these basic areas in its bi-monthly journal.

While a number of listed periodicals and newsletters are sponsored by organizations and agencies involved in some aspect of programing for special populations, many other groups are interested and actively involved in physical education, sports, and related activity areas. For example, many different groups plan, organize, administer, and supervise a variety of athletic programs and competitive activities for persons with specific handicapping conditions. These programs are increasing in number and scope at all levels--local, state, regional, national, and international. Opportunities to take part in competitive athletics according to interest, ability and limitation of each participant are provided large numbers of individuals with various impairments, disabilities, and handicaps. Some of these groups are highly organized and structured; other groups are rather informal and loosely organized. Some national associations sponsor athletic programs for individuals with specific handicapping conditions; other groups promote recreation and physical activity programs for impaired, disabled, and handicapped participants in general or for individuals with specific handicapping conditions; other groups promote these activities at state and local levels. Often persons responsible for recreation and physical activity programs for impaired, disabled, and handicapped participants in general or for individuals with specific handicapping conditions in particular are not aware of these organized efforts. Sources providing information and materials about these specific organizations include these two AAHPER Unit on Programs for the Handicapped publications:

- Competitive Athletic Programs for Impaired, Disabled, and Handicapped Persons ($1.50)
- Competitive Athletic Programs for Impaired, Disabled, and Handicapped Persons: Update ($2.00)

An excellent source of information about general organizations involved in programs and activities for special populations is Directory of Organizations Interested in the Handicapped available from Committee for the Handicapped, People to People Program (Suite 610, LaSalle Building, Connecticut Avenue and L Street, Washington, D.C. 20036).

The Council for Exceptional Children (1920 Association Drive, Reston, Virginia, 22091) is an organization with which individuals interested and involved in adapted physical education should become acquainted. CEC sponsors and operates a specialized information center on handicapped and gifted children. Other information systems, materials centers, and resource networks providing general and/or specific information, materials, and services in these areas are discussed in detail in the AAHPER Guide to Information Systems in Physical Education and Recreation for Impaired, Disabled, and Handicapped Persons.

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NOTE: Detailed information about and listings of master's theses, doctoral dissertations, and/or other research in these areas can be obtained from (1) Completed Research in Health, Physical Education, and Recreation (Washington, D.C.: AAHPER, 1958 to current year); (2) Health, Physical Education, and Recreation Microform Publications (Eugene, Oregon: College of Health, Physical Education and Recreation, University of Oregon, 1949 to current year); and, (3) University Microfilms, 300 North Zeeb Road, Ann Arbor, Michigan 48106. A Bibliography of Surveys in Physical Education and Recreation Programs for Impaired, Disabled, and Handicapped Persons is available from the AAHPER Unit on Programs for the Handicapped for $1.35.

Printed Materials (available from the American Alliance for Health, Physical Education and Recreation Publication Sales, 1201 16th Street, N.W., Washington, D.C. 20036).

- Making Workshops Work in Physical Education and Recreation for Special Populations ($2.25).
- Guide to Information Systems in Physical Education and Recreation for Impaired, Disabled, and Handicapped Persons. (.50).
- Values of Physical Education, Recreation, and Sports for All ($1.00).
- Physical Activities for Impaired, Disabled, and Handicapped Participants ($7.95).
- Challenging Opportunities for Special Populations in Aquatic, Outdoor, and Winter Activities ($7.95).
- Physical Education and Recreation for Emotionally Disturbed and Autistic Children ($7.95).
- Professional Preparation in Adapted Physical Education and Therapeutic Recreation ($7.95)
- Early Intervention Through Physical and Recreational Activities for Special Populations ($7.95).
- Physical Education, Recreation, and Sports for Hearing Impaired Persons ($7.95).
- Physical Education and Recreation Activities for Cerebral Palsied Children, Youth, and Adults ($7.95).
- Annotated Listing of Films: Physical Education and Recreation for Impaired, Disabled, and Handicapped Persons, Second Edition. ($7.95).
- Aquatic Recreation for the Blind ($7.95).
- Dance for Physically Disabled Persons: A Manual for Teaching Ballroom, Square and Folk Dances to Users of Wheelchairs and Crutches ($7.95).
- Careers in Activity and Therapy Fields ($1.00).
- Testing for Impaired, Disabled, and Handicapped Individuals ($3.95).
- Motor Fitness Testing Manual for the Moderately Mentally Retarded ($3.95).

- Physical Education and Recreation for Impaired, Disabled, and Handicapped Individuals: Past, Present, Future ($9.95).
- Annotated Research Bibliography in Physical Education, Recreation, and Psychomtor Function of Mentally Retarded Persons ($7.00).
- Integrating Persons with Handicapping Conditions into Regular Physical Education and Recreation Programs ($3.00).
- Physical Education and Recreation for Individuals with Multiple Handicapping Conditions ($2.50).
- Best of Challenge
  Volume I ($5.00)
  Volume II ($5.00)
  Volume III ($5.50).
- Physical Education and Recreation for the Visually Handicapped ($3.25).
- Practical Guide for Teaching the Mentally Retarded to Swim ($3.00).
- Physical Activities for the Mentally Retarded: Ideas for Instruction ($3.00).
- Special Olympics Instuctional Manual--From Beginners to Champions ($2.25).
- Special Fitness Test Manual ($1.50)
- Annotated Bibliography on Perceptual-Motor Learning ($3.25).
- Foundations and Practices in Perceptual-Motor Learning: A Quest for Understanding ($3.95).

Updates

Each Update deals with a topic of high interest and contains an annotated listing of books, papers, journal and newsletter articles, theses, and dissertations, and other printed or audiovisual materials. Each Update cost $2.00.

- Mainstreaming in Recreation, Physical Education, Special Education and Other Community Based Programs - Viewpoints (January 1976).
- Research in Physical Education, Recreation, and Psychomotor Function for Mentally Retarded Persons (January 1976).
- Competitive Athletic Programs for Impaired, Disabled, and Handicapped Persons (February 1976).
- The Adjunctive Therapies--Art, Dance, Drama, Horticulture, Music, and Bibliotherapy (March 1976).
- Recreation and Fitness After Fifty (March 1976).
- Handicapped Individuals: Perceptual-Motor Development, Abilities and Programs (April 1976).
- Organizing and Administering Physical Education and Recreation Programs (April 1976).
- Physical Education and Recreation for Physically Impaired Individuals (May 1976).
- Physical Fitness, Training and Exercise--Values for Persons with Handicapping Conditions (June 1976).
- Outdoor Education, Recreation, and Camping for Individuals with Handicapping Conditions (June 1976).

Project Active

The following publications dealing with developmental and adapted physical education have been developed as part of Project Active, a comprehensive and validated Title III Elementary Secondary Education Act program; each of the listed publications are available from Thomas M. Vodola, Director, Project Active, Township of Ocean School District, Oakhurst, New Jersey 07755:

- Communications Disorders: An Individualized Program
- Low Physical Vitality: An Individualized Program for the Handicapped
- Nutritional Deficiencies: An Individualized Program
- Motor Disabilities or Limitations: An Individualized Program
- Postural Abnormalities: An Individualized Program
- Low Physical Vitality: An Individualized Program
- Breathing Problems: An Individualized Program
- Motor Disabilities/Limitations: An Individual Program for the Handicapped

Two film strips with audio cassettes are also available from Project Active:

- Teacher Training
- Motor Ability

Periodicals

Within this section is an indexed listing of periodicals that usually contain articles, research reports, program information, or other material pertaining to physical education, recreation, or related areas for impaired, disabled, and handicapped persons. Periodicals are listed alphabetically in two main sections: newsletters (numbered 1-155) and journals (numbered 200-246).

This listing may be used in two ways to locate periodicals: (1) scan the alphabetical listing for newsletters and journals of general interest, and/or (2) refer to the three indices for periodicals in a specific area of interst. The three indices are:

- Handicapping Condition - some peridocials deal with only very specific conditions (spina bifida, autism), while others include information on a wide range of conditions.

- Topic Area - these include specific disciplines such as recreation and physical therapy, as well as activities (basketball, homemaking) and topical issues (environmental barriers, advocacy).

- Organization - residential facilities, foundations, professional groups, and many others sponsor newsletters and journals.

Requests for additional information on any of the periodicals listed should be sent to editors at addresses given. Do not be deterred from writing due to lack of funds--some periodicals, especially newsletters, are free, and many others cost under $5.00 per year.

Handicapping Condition

Abused Children - 26
Aging - 13,148
Amputee - 12,218
Autistic - 23,24,82,88

Cerebral Palsied - 35,133,150,235
Communication Disordered - 81

Developmentally Disabled - 37,38,39, 47,48,66,92,138,235
Disadvantaged - 14,30

Epileptic - 86,235

Handicapped (nonspecific) - 4,7,8,14 15,21,27,30,31,32,36,40,51,54,55,58, 60,62,65,75,76,78,83,84,89,96,101, 103,104,110,112,113,114,117,118,123, 126,131,135,137,148,202,204,205,206, 208,212,213,215,221,222,223,224,225, 231,233,234,240,243

Hearing Impaired - 1,29,77,140,201,210

Learning Disabled - 5,23,24,47,67,97, 128,136,141,220

Mentally/Emotionally Ill - 37,43,48, 56,80,92,238
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   American Athletic Assn. for the Deaf
   Publicity Director
   7225 Ferguson Rd. #1288
   Dallas, Texas 75228

2. AABR Quarterly Review
   Assn. for the Advancement of Blind and Retarded, Inc.
   164-09 Hillside Ave.
   Jamaica, N.Y. 11432

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   P.O. Box 15287
   Seattle, Washington 98115

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   925 N.E. 122nd Street
   North Miami, Florida 33161

5. ACLD Newsbriefs
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   5225 Grace Street
   Pittsburgh, Pennsylvania 15236

6. Aero-Ac-Cent
   Aerobics Activity Center
   12100 Preston Rd.
   Dallas, Texas 75230

7. AIM
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   945 Danbury Rd.
   Dayton, Ohio 45420

8. Alert
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   10700 Page Ave.
   Fairfax, Virginia 22030

9. American Foundation for the Blind Newsletter
   The Foundation
   15 West 16th St.
   New York, N.Y. 10011

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    Editor
    805-12th St.
    Galveston, Texas 77550

11. American Red Cross Mile High Chapter Newsletter
    Mile High Chapter
    170 Steele St.
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    12-45 150th St.
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13. AoA Fact Sheet
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14. Appalachian News
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    309 South Main St.
    Phillipi, West Virginia 26416

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    Ohio State University
    220 West 12th Ave.
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16. Aqua Notes
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    1201 16th St., N.W.
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65 Court St.
Brooklyn, N.Y. 11201

18. The Beacon
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7465 Exchange Pl.
Baton Rouge, Louisiana 70806

19. Brainerd State Hospital Newsletter
Brainerd State Hospital
Box 349
Brainerd, Minnesota 56401

20. Bulletin for Physical Education of the Blind
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919 Walnut St.
Philadelphia, Pennsylvania 19107

21. Bulletin from the President
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Kirk Hodges, President
6622 Spring Hollow
San Antonio, Texas 78249

22. The Camp Confidant
Camp Confidence
Brainerd, Minnesota 56401

23. CANHC-GRAM
California Assn. for Neurologically Handicapped Children
P.O. Box 4088
Los Angeles, California 90051

24. CANHC Newsletter
San Francisco Chapter CANHC
P.O. Box 16380
San Francisco, California 94116

25. Capitol Capsule
National Assn. of Coordinators of State Programs for the Mentally Retarded, Inc.
2001 Jefferson Davis Hwy.
Arlington, Virginia 22202

26. Caring
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111 East Wacker Dr., Suite 510
Chicago, Illinois 60601

27. The Center Centinel
Recreation Center for the Handicapped, Inc.
207 Skyline Blvd.
San Francisco, California 94132

28. Children
Commonwealth Child Development Comm.
State Street Building
3rd and State Streets
Harrisburg, Pennsylvania 17101

29. Children of the Silent Night
Perkins School for the Blind
Watertown, Massachusetts 02172
Distributed by:
R.M. Campbell Associates
Academy Ave.
Saxtons River, Vermont 05154

30. The Children's Voice
Commonwealth of Massachusetts
Office for Children
120 Boylston Street
Boston, Massachusetts 02116

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P.O. Box 1492
Washington, D.C. 20013

32. Committee on Recreation and Leisure Newsletter
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33. Counselor's Information Service
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1640 Rhode Island Ave., N.W.
Washington, D.C. 20036

34. Crippled Children's Ambassador
Crippled Children's School
Jamestown, North Dakota 58401

35. Crusader
United Cerebral Palsy Assns., Inc.
66 East 34th St.
New York, N.Y. 10016

36. Cycles
TADS
500 NCNB Plaza
136 East Rosemary
Chapel Hill, North Carolina 27514

37. DD Advocate
Dept. of Mental Health and Developmental Disabilities
State of Illinois
P.O. Box 281
Harrisburg, Illinois 62946

38. DD Developments
Maryland Developmental Disabilities Council
201 West Preston St.
Fourth Floor
Baltimore, Maryland 21201

39. Developmental Disabilities Newsletter: Region III
The George Washington Univ.
Dept. HKLS
817 23rd St., N.W.
Washington, D.C. 20037

40. DISRS News and Views
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Oklahoma City, Oklahoma 73125

41. Education Commission of the States Newsletter
300 Lincoln Tower
1860 Lincoln St.
Denver, Colorado 80203

42. Education Daily
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Capitol Publications, Inc.
Suite G-12
2430 Pennsylvania Ave., N.W.
Washington, D.C. 20037

43. The Emissary
Texas Research Institute of Mental Sciences
1300 Moursund Ave.
Houston, Texas 77025

44. ERIC/CRESS Newsletter
ERIC Clearinghouse on Rural Education and Small Schools
New Mexico State Univ.
Box 3AP
Las Cruces, New Mexico 88003

45. ERIC/ECE Newsletter
ERIC Clearinghouse on Early Childhood Education
Univ. of Illinois at Urbana-Champaign
805 West Pennsylvania Ave.
Urbana, Illinois 61801

46. Fairfax Schools Bulletin
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10700 Page Ave.
Fairfax, Virginia 22030

47. Feedback
N.C. Kephart Glen Haven Achievement Center
P.O. Box 1973
Fort Collins, Colorado 80522

48. Feelings
Illinois Dept. of Mental Health and Developmental Disabilities
160 North LaSalle St.
Chicago, Illinois 60601

49. The Grand Stand
Governor's Committee for the Physically Handicapped
123 Forster St.
Harrisburg, Pennsylvania 17126

50. Handcrafters' News
808 High Mountain Road
Franklin Lakes, New Jersey 07417

51. Handy-Cap Advancement
Sol Wiedner
28 Brighton 7th Court
Brooklyn, N.Y. 11235

52. Head Start Newsletter
Head Start
P.O. Box 1182
Washington, D.C. 20013

53. Health News
California Dept. of Health
Health and Welfare Agency
714 P St., Rm. 1292
Sacramento, California 95814

54. ICD News
ICD Rehabilitation and Research Center
340 East 24th St.
New York, N.Y. 10010

55. IMC Reports
N.Y. Special Education Instructional Materials Centers
University of State of New York
State Education Dept.
55 Elk St.
Albany, N.Y. 12224

56. Impact
Texas Dept. of Mental Health and Mental Retardation
P.O. Box 12668
Capitol Station
Austin, Texas 78711

57. Information
Office of Public Affairs
National Institute of Education
Dept. HEW
Washington, D.C. 20208

58. Insight
Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

59. Inter Officer
Bureau CRMD
65 Court St.
Brooklyn, N.Y. 11201

60. It's About Time
Joseph Bulova School of Watchmaking
40-24 62nd St.
Woodside, N.Y. 11377

61. Kennedy Institute Newsletter
Kennedy Inst. for the Study of Human Reproduction and Bioethics
Georgetown Univ.
Washington, D.C. 20007

62. The Keys
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P.O. Box 334
Greensburg, Pennsylvania 15601

63. The Lamplighter
Ellisville State School
Ellisville, Mississippi 39437

64. The LARC
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7465 Exchange Place
Baton Rouge, Louisiana 70805

65. Legislative Newsletter
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1522 K St., N.W.
Washington, D.C. 20005

66. The Link
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NCNB Plaza, Rm. 300
136 East Rosemary St.
Chapel Hill, North Carolina 27514

67. Marianne Frostig Center of Educational Therapy Newsletter
5981 Venice Blvd.
Los Angeles, California 90034

68. Medical Tribune
880 Third Ave.
New York, N.Y. 10022

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70. Mental Retardation News
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2709 Avenue E. East
Arlington, Texas 76011

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Oklahoma City, Oklahoma 73125

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225 East Michigan
Milwaukee, Wisconsin 53202

73. Motivation Resources Newsletter
7106 Waring Ave.
Los Angeles, California 90046

74. Movement Education Newsletter
777 South Esplanade St.
Orange, California 92669

75. NAMT Newsletter
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P.O. Box 610
Lawrence, Kansas 66044

76. NARHA News
North American Riding for the Handicapped
Mrs. Octavia Brown
R.D. Larger Cross Rd.
Bedminster, New Jersey 07921

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105 Fifth Ave.
New Hyde Park, N.Y. 11040

78. National Assn. of Activity Therapy and Rehabilitation Program Directors Newsletter
Travis Cleveland
Box 111
Independence, Iowa 50644

79. National Assn. of Private Residential Facilities for the Mentally Retarded Newsletter
6269 Leesburg Pike
Falls Church, Virginia 22044

80. National Assn. of State Mental Health Program Directors News Bulletins, Reports, Information Sheets
1001 Third St., S.W.
Washington, D.C. 20024

81. National Center for Higher Education Management Systems at WICHE Newsletter
P.O. Drawer P
Boulder, Colorado 80302

82. National Comm. for Research in Neurological & Communic. Disorders Newsletter
927 National Press Bldg.
Washington, D.C. 20045

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John M. Dunn
Dept. of Physical Education
Oregon State Univ.
Corvallis, Oregon 97331

84. National Council for Therapy and Rehabilitation Through Horticulture Newsletter
Mount Vernon, Virginia 22121

85. National Easter Seal Society Advocacy Newsletter
2023 East Ogden Ave.
Chicago, Illinois 60612

86. National Spokesman
Epilepsy Foundation of America
1828 L St., N.W.
Washington, D.C. 20036

87. National Wheelchair Athletic Assn. Newsletter
40-24 62nd St.
Woodside, N.Y. 11377

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169 Tampa Ave.
Albany, N.Y. 12208

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U.S. Dept. of Agriculture
University of Missouri--Extension Div.
Clark Hall
Columbia, Missouri 65201

90. NWBA Newsletter
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Office of the Commissioner
110 Seaton Bldg.
University of Kentucky
Lexington, Kentucky 40506

91. New Directions
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2001 Jefferson Davis Hwy.
Arlington, Virginia 22202

92. The New Mandate
Room 316
Health and Welfare Bldg.
Harrisburg, Pennsylvania 17102

93. New Ways
Charles F. Kettering Foundation
5335 Far Hills Ave.
Dayton, Ohio 45429

94. New Ways
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90 Sherman St.
Cambridge, Massachusetts 02140

95. News and Views
Atlanta Assn. for Retarded Citizens
1687 Tully Circle, N.E.
Suite 110
Atlanta, Georgia 30329

96. Northwest Colorado BOCS Newsletter
Child Study Center
Box YY
Steamboat Springs, Colorado 80477

97. NVACLD Newsletter
Northern Va. Assn. for Children with Learning Disabilities
P.O. Box 485
Merrifield, Virginia 22116

98. Olympiad for the Physically Disabled Newsletter
Organizing Committee
100 College St., Rm. 534
Toronto, Canada M5G 1L5

99. On Your Own
Continuing Education in Home Economics
P.O. Box 2967
University, Alabama 35486

100. Oregon Recreation Briefs
State Parks and Recreation
Oregon State Hwy. Division
Salem, Oregon 97310

101. Our Future
707 Tuscarora St.
Windsor, Ontario, Canada N9A 3M7

102. Outdoor Education Newsletter
Outdoor Education Project of AAHPER
College of Education
403 Erickson Hall
Michigan State Univ.
East Lansing, Michigan 48824

103. Outlook Newsletter
Mr. and Mrs. Henry W. Ellis
P.O. Box 208
Longwood, Florida 32750

104. Parents and Professionals for Handicapped Children Newsletter
P.O. Box 580
Carrboro, North Carolina 27510

105. PCMR Message
President's Comm. on Mental Retardation
Washington, D.C. 20201

106. The Physical Activities Report
Lowell Klappholz
Institute for Physical Education
Old Saybrook, Connecticut 06475

107. Physical Education Newsletter
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20 Cedarwood Lane (P.O. Box 8)
Old Saybrook, Connecticut 06475

108. Physical Fitness Newsletter
H. Harrison Clarke
University of Oregon
Eugene, Oregon 97403

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Washington, D.C. 20201

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112. Prise Reporter
Pa. Resources and Information Center for Special Education
443 South Gulph Rd.
King of Prussia, Pennsylvania 19406

113. Programs for the Handicapped
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Office of Asst. Secy. for Human Development
Office for Handicapped Individuals
Washington, D.C. 20201

114. Project ACTIVE Newsletter
Thomas M. Vodola
Township of Ocean School Dist.
Dow Ave.
Oakhurst, New Jersey 07755

115. The Promise Newsletter
Northern Va. Assn. for Retarded Citizens
105 E. Annandale Rd., Suite 203
Falls Church, Virginia 22046

116. Promise R
West Va. Comm. on Mental Retardation
State Capitol
Charleston, West Virginia 25305

117. R & D News
Research and Demonstration Center for the Education of Handicapped Children
Teachers College, Box 51
Columbia University
New York, N.Y. 10027

118. Reaching Children
New York Inst. for Child Development
36 East 36th St.
New York, N.Y. 10016

119. Recreation Exchange
N.J. Assn. for Retarded Children
State Council
99 Bayard St.
New Brunswick, New Jersey 08901

120. Report
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Washington, D.C. 20210

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Education News Service Div.
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Washington, D.C. 20037

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Western Interstate Comm. for Higher Education
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Boulder, Colorado 80302

123. Resource
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1920 Association Dr.
Reston, Virginia 22091

124. Resources
Regional Resource Center of Eastern Pa. for Special Education
443 South Gulph Rd.
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125. SBASC Newsletter
Spina Bifida Associates of Southern California
P.O. Box 451
Santa Monica, California 90406

126. The Smoke Signal
New Life, Inc.
2300 Good Hope Rd., S.E.
514
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127. The Special Olympics Newsletter
Joseph P. Kennedy Jr. Foundation
1701 K. St., N.W.
Washington, D.C. 20005

128. SPELD News
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P.O. Box 94
Mosman, New South Wales 2088

129. Spotlight on Dance
National Dance Assn.
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Washington, D.C. 20036

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Smithsonian Science Information Exchange
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1730 M St., N.W.
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131. SWAP Newsletter
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P.O. Box 1048
Champaign, Illinois 61820

132. Talking Sticks
Great Western Council
Boy Scouts of America
P.O. Box 3198
Van Nuys, California 91407

133. Tarheelia News
United Cerebral Palsy of N.C.
417 N. Boylan Ave.
Raleigh, North Carolina 27603

134. Teacher's Arts and Crafts Workshop
Parker Publishing Co., Inc.
Rte. 59A at Brookhill Dr.
West Nyack, N.Y. 10994

135. Teaching Research Infant and Child Center Newsletter
Exceptional Child Research Program
Oregon State System of Higher Education
Monmouth, Oregon 97361

136. Texas Key
Texas Assn. for Children with Learning Disabilities
7986 Fallmeadow Lane
Dallas, Texas 75240

137. TR Newsletter
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312 Armory Bldg.
Univ. of Illinois, Urbana-Champaign
Champaign, Illinois 61820

138. Tradewinds Newsletter
Hawaii State Developmental Disabilities Council
P.O. Box 3378
Honolulu, Hawaii 96801

139. Transition
Macomb-Oakland Regional Center
36358 Garfield Rd.
Fraser, Michigan 48026

140. U.S. Deaf Skiers Newsletter
Simon J. Carmel
10500 Rockville Pike, # 405
Rockville, Maryland 20852

141. VACLD Communique
Va. Assn. for Children with Learning Disabilities
P.O. Box 1255
Arlington, Virginia 22210

142. VITA News
Volunteers in Technical Assistance
3706 Rhode Island Ave.
Mt. Rainier, Maryland 20822

143. The Walden Resource
2401 Blueridge Ave.
Suite 100
Wheaton, Maryland 20902

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American Foundation for the Blind
15 West 16th St.
New York, N.Y. 10011

145. Waterscene
Program Coordinator
Canadian Red Cross
Water Safety Service
4/50 Oak St.
Vancouver, British Columbia V6H 2N9

146. The Wheelchair Competitor
1466 Lafayette
Lincoln Park, Michigan 48146

147. Winning Wheels
Winning Wheels, Inc.
Box 121
Prophetstown, Illinois 61277

148. Wisconsin Homecrafters
DVR Homecraft Office
1 West Wilson St., Rm. 720
Madison, Wisconsin 53702

149. Woodbridge State School News
Woodbridge State School Parents Assn.
Woodbridge, New Jersey 07095

150. Word From Washington
United Cerebral Palsy Assns., Inc.
Chester Arthur Bldg., Suite 141
425 I St., N.W.
Washington, D.C. 20001

151. WLRA Bulletin
World Leisure and Recreation Assn.
345 East 46th St.
New York, N.Y. 10017

152. Young 'Uns
Mississippi Child Development Coun.
Governor's Ofc. of Education and Training
1935 Lakeland Dr., Suite A
P.O. Box 4300
Jackson, Mississippi 39216

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153. AALReporter (AALR/AAHPER)

154. Challenge (IRUC/AAHPER)

155. Update

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200. Accent on Living
P.O. Box 700
Gillum Rd. and High Dr.
Bloomington, Illinois 61701

201. American Annals of the Deaf
Conference of Executives of
American Schools for the Deaf
5034 Wisconsin Ave., N.W.
Washington, D.C. 20016

202. American Corrective Therapy Journal
Dr. Alton Hodges
School of Allied Health Sciences
Univ. of Texas Health Science Cen.
Houston, Texas 77025

203. American Journal of Mental
Deficiency
American Assn. on Mental Deficiency
5201 Connecticut Ave., N.W.
Washington, D.C. 20015

204. American Journal of Occupational
Therapy
American Occupational Therapy Assn.
6000 Executive Blvd.
Rockville, Maryland 20852

205. American Rehabilitation
Office of Human Development
Rehabilitation Services Adm.
Dept. of HEW
Office of the Secretary
Washington, D.C. 20201

206. Amicus
National Center for Law and the
Handicapped, Inc.
1235 North Eddy St.
South Bend, Indiana 46617

207. Australian Journal for Health, Physical
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Australian Council for HPER
P.O. Box 1
Kingswood 5062, South Australia

208. AVISO
Journal of Special Education
Kean College of New Jersey
Dept. of College Publications
Div. of College Development
Kean College
Union, New Jersey 07083

209. Children's House Magazine
P.O. Box 111
Caldwell, New Jersey 07006

210. Deaf American
814 Thayer Ave.
Silver Spring, Maryland 20910

211. Despatch
Coordinator of Public Relations
Canadian Red Cross Society
95 Wellesley St. East
Toronto, Ontario, Canada M4Y 1H6

212. Exceptional Children
Council for Exceptional Children
1920 Association Dr.
Reston, Virginia 22091

213. Exceptional Parent
P.O. Box 964
Manchester, New Hampshire 03105

214. Feeling Sports (tape cassette)
Braille Sports Foundation
8800 Highway 7, Suite 210
Minneapolis, Minnesota 55426

215. Green Pages
641 West Fairbanks
Winter Park, Florida 32789

216. Health Education
AAHPER
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Washington, D.C. 20036

217. Impact
Wisconsin Park and Recreation Assn.
5500 West Thurston Ave.
Milwaukee, Wisconsin 53218

218. Inter-Clinic Information Bulletin
Prosthetics and Orthotics
New York Univ. Post-Graduate
Medical School
317 East 34th St.
New York, N.Y. 10016

219. Journal for Special Educators of
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Box 171
Center Conway, N.H. 03813

220. Journal of Learning Disabilities
101 East Ontario St.
Chicago, Illinois 60611

221. Journal of Leisurability
Leisurability Publications, Inc.
Box 281, Station "A"
Ottawa, Ontario, Canada K1N 8V2

222. Journal of Optometric Vision
Development
5243 Chestnut St.
Philadelphia, Pennsylvania 19139

223. Journal of Rehabilitation
National Rehabilitation Assn.
1522 K St., N.W.
Washington, D.C. 20005

224. The Journal of Rehabilitation in
Asia
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15th Rd.
Khar, Bombay, India 400052

225. Journal of Special Education
111 Fifth Ave.
New York, N.Y. 10003

226. Mental Retardation
American Assn. on Mental Deficiency
5201 Connecticut Ave., N.W.
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227. New Outlook for the Blind
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15 West 16th St.
New York, N.Y. 10011

228. Outdoor Recreation Action
Bureau of Outdoor Recreation
U.S. Dept. of the Interior
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U.S. Government Printing Ofc.
Washington, D.C. 20402

229. Paraplegia News
Paralyzed Veterans of America, Inc.
Robert Webb
935 Coastline Dr.
Seal Beach, California 90740

230. Parks and Recreation
National Recreation and Park Assn.
1601 North Kent St.
Arlington, Virginia 22209

231. Performance
President's Committee on Employment of
the Handicapped
Washington, D.C. 20210

232. Physical Therapy
American Physical Therapy Assn.
1156 15th St., N.W.
Washington, D.C. 20005

233. The Physician and Sportsmedicine
McGraw-Hill, Inc.
4015 West 65th St.
Minneapolis, Minnesota 55435

234. The Pointer
4000 Albemarle St., N.W., Suite 302
Washington, D.C. 20016

235. Rolling Magazine
122 East 23rd St.
New York, N.Y. 10010

236. Rehabilitation Literature
National Easter Seal Society for Crippled Children and Adults
2023 West Ogden Ave.
Chicago, Illinois 60612

237. Rehabilitation World
Rehabilitation International USA
20 West 40th St.
New York, N.Y. 10018

238. Schizophrenia Bulletin
Schizophrenia Center
National Inst. of Mental Health
for sale by:
Superintendent of Documents
U.S. Government Printing Ofc.
Washington, D.C. 20402

239. Scouting Magazine
Boy Scouts of America
North Brunswick, New Jersey 08902

240. Special Children
American Assn. of Special Educators
P.O. Box 168
Fryeburg, Maine 04037

241. Sports 'N Spokes
6043 North Ninth Ave.
Phoenix, Arizona 85013

242. St. Dunstans Review
St. Dunstan's for Men and Women Blinded on War Service
P.O. Box 58
191 Old Marylebone Rd.
London NW1 5QN England

243. Teaching Exceptional Children
1920 Association Dr.
Reston, Virginia 22091

244. Therapeutic Recreation Journal
National Recreation and Park Assn.
1601 North Kent St.
Arlington, Virginia 22209

245. Young Children
National Assn. for the Education of Young Children
1834 Connecticut Ave., N.W.
Washington, D.C. 20009

246. Journal of Physical Education and Recreation (JOPER)
AAHPER
1201 16th St., N.W.
Washington, D.C. 20036

Suppliers of Equipment and Materials

The following terms all refer to types of equipment and materials supplied by the equipment and materials suppliers/manufacturers listed in this section. Definitions of terms are given here to ensure accurate interpretation of terms used throughout this section.

Manipulative toys--play items that a child strings, hooks together, stacks, ties, or handles in some other way to gain information; as used here, these include blocks, puzzles, foam shapes, pegboards.

Dramatic toys--play items that allow a child to fantasize and pretend; these are often miniature replicas of real-life persons and objects, such as dolls, puppets, trucks, trains, and costumes.

Rhythm and music materials--items used to create rhythm, melody, and harmony.

Records--a specific type of rhythm and music material referring to hard wax, rubber, and plastic discs which produce sounds when played on a phonograph; today many records are also available in the form of tape cassettes.

Films, filmstrips--motion pictures or segments of 35mm film for still projection that may be silent/sound, color/black and white, and of varying length.

Children's books--printed matter intended for readers under 11 years of age.

Adult/adolescent books--printed matter intended for individuals 12 years of age and up; as used here, these also include books for teachers and program leaders.

Educational toys/games--play items and activities with rules having as their primary purpose the teaching of concepts and enhancement of readiness, with fun as a secondary goal.

Instructional aids--maps, pictures, globes, microscopes, tests, and other printed and non-print materials used to facilitate instruction, evaluation, and group leadership.

Arts and crafts supplies--materials used in painting, sculpturing, ceramics, woodworking, metal work, and other similar creative endeavors.

Table games--play items usually placed on or a part of a table, such as skittle pool, cards, and Monopoly.

Backyard games--items used for participation in low-organized physical activities requiring no specialized playing area and not officially classified as sports.

Sports equipment--items used for participation in physical activities that have official rules sanctioned by a national organizing body.

Aquatics equipment--items used for participation in activities taking place in or on water.

Camping equipment--items used for sleeping, cooking, and living in the out-of-doors.

Play apparatus--any indoor or outdoor equipment that individuals use for non-competitive large-muscle physical activity not classified as sports, backyard games, or aquatics; includes swings, tricycles/bicycles, obstacle courses, sandboxes.

Furniture--indoor or outdoor structures that individuals sit upon, write or eat upon, or in which items are stored.

Self-help aids--items such as eating utensils, wheelchair lifts for vans, and book holders used by physically or mentally impaired persons to facilitate participation in activities of daily living.

Rehabilitation equipment--items such as splints, hydrotherapy tanks, and ultrasonic equipment used by various therapists in performing their jobs; these items are not commonly purchased by individuals for their own home-use.

TYPES OF EQUIPMENT AND MATERIALS SUPPLIED

EQUIPMENT AND MATERIALS SUPPLIERS	manipulative toys	dramatic toys	rhythm & music materials	records	films, filmstrips	children's books	adult/adolescent books	educational toys/games	instructional aids	arts & crafts supplies	table games	backyard games	sports equipment	aquatics equipment	camping equipment	play apparatus	furniture	self-help aids	rehab equipment	Comments
Belson Mfg. Co., Inc. 111 North River Drive P.O. Box 207 North Aurora, Illinois 60542															X					
Dick Slick P.O. Box 1267 Galesburg, Illinois 61401						X			X							X				
Boin Arts & Crafts Co. 87 Morris Street Morristown, New Jersey 07960						X			X											
Childcraft Education Corp. 20 Kilmer Road Edison, New Jersey 08817	X	X	X	X		X		X		X					X	X				
Community Playthings Rifton, New York 12471	X	X				X									X	X				
Constructive Playthings 1040 East 85th Street Kansas City, Missouri 64131	X	X	X	X	X	X	X	X		X	X	X			X	X				
Cosom P.O. Box 701 Lakeville, Minnesota 55044												X	X	X						
Creative Playthings Princeton, New Jersey 08540	X	X	X					X		X					X					

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Developmental Learning Materials 7440 Natchez Avenue Niles, Illinois 60648	X		X				X	X							X					
Educational Activities, Inc. Freeport, New York 11520				X	X	X	X	X	X											
Everglide Playground Division 1221 Walnut Street P.O. Box 1068 Erie, Pennsylvania 16512															X					
Fairway King, Inc. 3 East Main Oklahoma City, Oklahoma 73104									X							X	X	X		
Flaghouse, Inc. 18 West 18th Street New York, N.Y. 10011										X	X	X	X	X	X	X				special catalo of equipment for handicappe
Game Time, Inc. 6874 Washington Avenue South Eden Prairie, Minnesota 55343															X	X				
J.E. Gregory Co. West 922 First Avenue Suite 221 Spokane, Washington 99204										X		X			X					

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Gryphon House 3706 Otis Street P.O. Box 274 Mt. Rainier, Maryland 20822					X	X														
GSC Athletic Equipment 600 North Pacific Avenue San Pedro, California 90733	X									X		X	X		X	X				also have a catalog for movement educ.
J.L. Hammett Co. Hammett Place P.O. Box 545 Braintree, Massachusetts 02184						X	X	X	X	X					X	X				have catalog of therapeutic play products
Holbrook-Patterson, Inc. 170 South Monroe Street Coldwater, Michigan 49036		X					X								X	X				
Instructo McGraw-Hill Cedar Hollow Road Paoli, Pennsylvania 19301		X		X		X		X	X											
J & A Handy Crafts, Inc. 210 Front Street Hempstead, New York 11550									X											
Jayfro Corporation P.O. Box 400 Waterford, Connecticut 06385											X				X					motor development equipment for handicapped

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Kimbo Educational P.O. Box 246 Deal, New Jersey 07723				X	X		X													
Learning Concepts 2501 North Lamar Austin, Texas 78705							X		X											
The Left Hand 140 West 22nd Street New York, N.Y. 10011			X				X			X			X					X		for left-handed individuals
Libre International Distributors, Inc. 473 North Church Street Moorestown, New Jersey 08057											X				X					
Lyons 530 Riverview Avenue Elkhart, Indiana 46514			X	X	X	X	X	X	X											
Mafex Associates, Inc. 90 Cherry Street Johnstown, Pennsylvania 15902						X	X	X	X											
Magnus Craft Materials Inc. 304-8 Cliff Lane Cliffside Park, New Jersey 07010									X											
Modern Education Corporation P.O. Box 721 Tulsa, Oklahoma 74101							X	X												

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NewToys, Inc. 3271 North Cramer Street Milwaukee, Wisconsin 53211									X	X					X					
Nienhuis Montessori U.S.A. Branch Office 320 Pioneer Avenue Mountain View, California 94041	X						X	X												
North American Recreation Convertibles, Inc. P.O. Box 758 33 Knowlton Street Bridgeport, Connecticut 06601	X	X							X		X				X					
Olesen Company 1535 Ivar Avenue Hollywood, California 90028																				theatrical supplies
Pasco, Inc. P.O. Box 328 125 South Street Passaic, New Jersey 07055																X	X	X		
Rhythms Productions Cheviot Corporation Whitney Building/ Box 34485 Los Angeles, California 90034				X		X														
Fred Sammons, Inc. Box-32 Brookfield, Illinois 60513																X	X			

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	manipulative toys	dramatic toys	rhythm & music materials	records	films, filmstrips	children's books	adult/adolescent books	educational toys/games	instructional aids	arts & crafts supplies	table games	backyard games	sports equipment	aquatics equipment	camping equipment	play apparatus	furniture	self-help aids	rehab equipment	Comments
Scholastic 904 Sylvan Avenue Englewood Cliffs, New Jersey 07632			X	X		X	X		X											
Shield Mfg., Inc. 9 Saint Paul Street Buffalo, New York 14209												X			X					
Skill Development Equipment Co. 1340 North Jefferson Anaheim, California 92807	X														X	X				
Space Walk P.O. Box 7592 Metairie, Louisiana 70011															X					
Special Olympics Supply Catalog Rollie Schmidt Division The Athletic Supply Co. 1137 Sylvania Avenue Toledo, Ohio 43612																				awards, medals, badges, T-shirts
S & S Arts and Crafts Colchester, Connecticut 06415	X								X											
Things From Bell P.O. Box 26 90 Clinton Street Homer, New York 13077												X			X					

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U.S. Games, Inc. 1393 Cypress Avenue Box E.G. 874 Melbourne, Florida 32935			X							X	X	X	X		X					
Vanguard Crafts 2915 Avenue J Brooklyn, New York 11210									X											
Wolverine Sports 745 State Circle Ann Arbor, Michigan 48104				X						X	X	X			X					
Woodform 1975 S.W. Fifth Avenue Portland, Oregon 97201															X	X				
World Wide Games Inc. Box 450 Delaware, Ohio 43015	X									X	X					X				
BigToys 1940 East D Street Tacoma, Washington 98421															X					

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Catalogs from the following have not yet been received and examined; therefore information reported here is secondary.																				
American Play-World Inc. Hastings Industrial Park P.O. Box 1105 Hastings, Nebraska 68901															X	X				
American Shuffleboard Co., Inc. 210 Paterson Plank Road Union City, New Jersey 07087										X		X								
Blue Valley Industries, Inc. Box 205 Mexico, Pennsylvania 17056															X	X				
Californa Titan Products, Inc. 320 East Alton Street Santa Ana, California 92707									X											
General Playground Equipment, Inc. P.O. Box 608 Kokomo, Indiana 46901															X	X				
Gould Athletic Supply Company 3156 N 96 Milwaukee, Wisconsin 53222												X			X					

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The Delmer F. Harris Co. Box 278 Concordia, Kansas 66901															X					
Koppers Company, Inc. 1401 Koppers Building Pittsburgh, Pennsylvania 15219															X	X				
Landscape Structures, Inc. 300 Dawn Heather Drive Delano, Minnesota 55328															X					
Miracle Recreation Equipment Co. P.O. Box 275 Grinnell, Iowa 50112															X	X				
Mirco Games, Inc. 1960 West North Lane Phoenix, Arizona 85021										X										
Rhythm Band, Inc. P.O. Box 126 Fort Worth, Texas 76101		X																		